1. PLACE OF DEATH a. COUNTY	Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marylas		ILLE ITY	Apundel
b. CITY OR TOWN (RURAL and give n Annap		write c. LENGTH	OF STAY IN 16	N .	utside corporate limits, v		ive nearest town)
OR INSTITUTION	TAL (If not in hospital, given 1 General Ho			d. STREET ADDRESS	e Beach		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Anne)	Middle A	Lost ADAMS	4. DATE OF	Month ember	Day Yeor 28 19 60
5. SEX	6. COLOR OR RACE 7	MARRIED NEV		B. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
Female	1111200	-		June 20, 1880		yrs.	ZEN OF WHAT COUNTRY?
Salesla	king life, even if retired)		Store	Pennsylvai	nia		s.A.
13. FATHER'S NAME	- D Chara	4		14. MOTHER'S MAIDEN N			
	W B. Sheri			Rose Ann	ie Maroie		
15. WAS DECEASED EVE {Yes, no. or unknown}	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv			os. L. V. It	zoe, New	Freedon	n, Pa.
	the under-	Mida	ond (c).	en to ble	read	1	INTERVAL BETWEEN ONSELAND DEATH I MANAGEMENT
PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in I	Port I ar Part II of item	18.)	
ZOc. TIME OF INJUS Hour o.m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCI While Not w at wark ot wor	hile fo	ACE OF INJURY (Home, form ictory, street, office bldg., etc.	20f. (City or town)	(C	ounly) (State)
		28, 196 Infly		M.D. ATTENDING MIPHYS. DI	M, from the caus	es and an the	date stated abave. 22b. DATE SIGNED 11/28/60
23g. BURIAL, CREMATIC REMOVAL ISpecify Burial	Dec. 1,		John		23d. LOCATION (City, New Free	tawn, ar county)	(Stote)
24 JUNERAL DIRECTOR	Sometike from	Hew F	reodom	Pau, DATE DEC		Chilmy & 1	1 -

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to 15 given death. Page of may be remained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled on the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 22 hours after death.

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THE STATE OF THE PARTY OF THE P Entrangle of the Control of the Cont 25 Late and Millian Well and Ed THE PERSON NAMED IN THE PARTY OF THE PARTY O THE CHARLE Asiat sandymus erosa seed to be a applies . - edito. -The state of the s But the second of the second o W. sacremo, M. capping Co. and Spirit in such edrica light, the an arm of the land. The resident length

FOR STATE TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at they is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the inverse director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12159 MEDICAL EXA	MINER'S	CERTIFICATE	OF DEATH	12	1094				
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: Resident	ce before edmission)				
Anne Arundel	MARYLAND	New Jersey Cape May County							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If o	neered town)						
	nutes	Ocean City		67X	7 X -3				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		d. STREET ADDRESS		13 11	. IS RESIDENCE				
Laurel Race Track		941 Bay Av	7P -		YES NOW				
3. NAME OF First	Middle		, DATE Month	Dey	Year				
(Type or print Avis G. Allen			OF DEATH NOTE	7746	10.60				
		. DATE OF BIRTH	9. AGE (In yeers	llth.	19 60 IF UNDER 24 HRS.				
T. MARKED A. INC.	R MARRIED °	1 10 - 1	lest birthdey)	Months Deys	Hours Min.				
l' White WIDOWED	DIVORCED [6/10/99	61 yes.	1					
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	SINESS OR INDUSTR	11. BIRTHPLACE (Stelle or	foreign country)		F WHAT COUNTRY?				
11	me	Leesburg, N.	J.	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		-	-				
John Abel		Abbie Char	nce						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI [Yes, no, or unkown] [(Ifyesgivewarordatesofeervice)	CURITY NO. 17.	INFORMANT	Address						
No ?	N	r. Walter J.A.	llen						
18. CAUSE OF DEATH [Enter only one cause per line for (e),	N. W. W. Contract				ERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY	celusion				Sudden				
44									
DUE TO				-					
Conditions, if any, which (b)									
(a), sleting the underlying DUE TO									
cause lest. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART I(e) 1	9. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.				l y	YES NO T				
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW II	NJURY OCCURED. (Enter neture of Injury in Pert I	or Pert II of item 18.)						
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.									
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CURRED 20e. PLA	CE OF INJURY (Home, ferm,	20f. (City or town)	(County)	(State)				
Hour e.m. While Not V	Vhile feet	ory, street, office bldg., etc.}		(County)	(5,6,6)				
p.m. 19 et work et w	rork		- Annual -						
21. I certify that I took charge of the remains des	cribed above, he	eld an Autopsy . In	spection y Inquir	y y, and	in my opinion				
death resulted from: Natural causes . Accid	lent . Suic	ide . Homicide .	, Undetermined m	anner					
4. 1- ND" 1 3	had	CHIEF MEDICAL EXA	MIMER -						
ACTUAL Silversul IT suches	2710	ASSISTANT MEDICA	L EXAMINER	/ // P	ATE SIGNED				
SIGNATURE		M.D. DEPUTY MEDICAL E	CAMINED TY	11/11/60					
NAME (Type) Gustave H. Faubert M	(.D.			Ruppio Me	d				
40 00 10 10 10 10 10 10 10 10 10 10 10 10	AE OF CEMETERY OF		town, or county len		/ (State)				
O REMOVAL (Specify)	1 h	+1 1 +	0 1	n.	().				
Buriol Kan 16, 1960 Rees	hung! "	unodiel !	Clehung	1 Clar	gerery				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19160

CERTIFICATE OF DEATH

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		LATIO		CEKTIFIC	AIE OF DEAL		Reg. Dist. No.				
o. COUN	ITY .	Arundel		MARYLAND	2. USUAL RESIDENCE (V	Where deceased	lived. If institution b. COUNTY	on: Residence	e before admi	ssion)	
b. CITY C	ond give neare	tside corporate limit st town) eL, Md.	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		URAL ond gi	ive nearest lov	wn)		
		trict Tra	in'in' nter		d. STREET ADDRESS				ON	A FARM?	
NAME OF	D	Ali		Middle	Anderson	4. DATE OF DEATH	Novem		20 20	Yeor 1960	
s. sex femal	Le	white	WIDOWI		Nov. 9, 188	35	9. AGE (in years last birthday) 7 yrs.		Doys Hours		
Instit	tutional		ione 10b.	KIND OF BUSINESS OR INDI	washir	igton, i	ontry)		USA	COUNTR	
13, FATHER'S	Albert	Anderson				nderson					
15. WAS DEC		U. S. ARMED FOR is, give war or dates of s		SOCIAL SECURITY NO.	informant Chiltren's Ce	enter, I	aurel, N				
gove couse (lying c	itions, if ony, rise to imm (o), stating the couse last.	under-		enility							
CERTIFION OF CONTRACTOR CONTRACTO	PART II. OTHER			ontributing to DEATH BU 1 retardation	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	PERF	ORMED?	
	CIDENT WAS L VIRIBUTING D ER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port	II of item 18.)				
~ 1	E OF INJURY our o.m. p. m.	Month, Doy, Yea	While	Not while for	LACE OF INJURY (Home, fo octory, street, office bldg.,		or town)	(Co	ounty)	(Slot	
21, I dalive	on No	I attended the ov. 20,		ed from November 60, and that deat	h accurred at 5:45	AM, from I	the causes and the cause a	d an the	date state	ed abov	
	(Type) V d 801	es E. Boy					ter, Lau				
NEMOV	CREMATION: AL (Specify) L DIRECTOR'S S	11-22	-60	22c. NAME OF CEMETERY OF	saimal	ZZd. LOCA	200 (City, town,	or county) STRAR'S SIG	~ E	ote)	
3. 1	THE DIRECTOR'S S	Pan -	300	-405/4/15	Mark DEDATE	OV 2 2 '60	and and	lun & &			

in by the funeral director, and 2 should be filed with s ofter death. Page 4 TO HOSP. If OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 to may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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1			12119		CERTIF	ICA	TE OF DEATH	1		J	LANGO
) [ACE OF DEATH COUNTY	ne Arundel		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Mary)		b. COUNTY		fore admission) undel
	ь.	CITY OR TOWN (II RURAL and give ne Annar		its, write	1 day	IN 16	c. CITY OR TOWN (IF	autside corpore		RAL and give n	earest tawn)
		NAME OF HOSPIT	AL (If not in hospital, s		address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
1	3. N	AME OF ECEASED ype or print)		rst	Middle Hudson		ARMIGER	4. DATE OF DEATH	Month Novembe:		9 19 60
	s. se	le	6. COLOR OR RACE White	WIDOW				1960	east birthday) yrs.	Months Days	5 20
1		Newborn	ing life, even if retired	dane 10b	. KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Statement of the Maryla	ind	intry)	12.CITIZEN	S.
1		ames Kenr	neth ARMIGE	CR				telle F	RENDER		
		AS DECEASED EVENO, or unknown)	R IN U. S. ARMED FOI It yes, give war or dates of	RCES7 16 eervice)	, social security no	. 17.1N	FORMANT Hospital re	cords	Addre	\$\$	
	1		TH WAS CAUSED BY:	0)	ine for (a), (b), and (c).		HEART)	SEASE		IN O	NSET AND/DEATH
		Canditians, if a gave rise to it cause (a), stating	mmediate Court	b)		_					/
	CATION	lying cause last.	IER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART I(a)	PERFORMED?
- 1	E 7	//L 100. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCU RREI	D. (Enter nature of injury in	n Part I ar Part	II of item 18.)		YES NO NO
	MEDICAL	Oc. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	Not while	20e. PL/ fac	CE OF INJURY (Home, fai tory, street, affice bldg., e	rm, 20f. (City of tc.)	or town)	(Caunt	y) (State)
1					ded the deceased 9. 1960, and	that d	1:20	_			that (1) (W e) last te stated above. 22b. DATE SIGNED
		PHYSICIAN'S NAME (Type)	Stuart H.	Walk	er		22d ADDRESS 121 Cathe	dral St	., Anna p	olis, M	ld.
)		BURIAL, CREMATIO	N. 236. DATE THERE		23c. NAME OF CEM	ETERY O			ON (City, tayn, ar	county)	(State)

4dlesville 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV 2 1 '60 Civiling & Krous

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CERTIFICATE OF DEATH

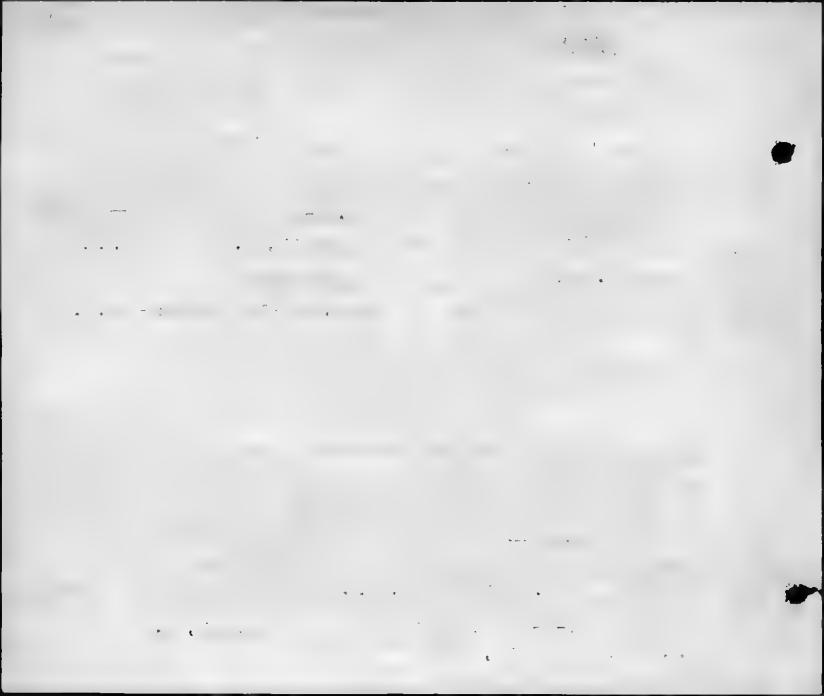
- 3:		reg. Dist. 146,
	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAR b. COUNTY Anna Arundel
	b. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) Annapolis
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 19 Cathedral Street	d. STREET ADDRESS 19 Cathedral Street 0. IS RESIDENCE ON A FARM? YES NOTE NOTE
	3. NAME OF DECEASED (Type or print) BERNARD F BASI	Lost 4. DATE Month Day Year OF DEATH NOVEMBER 5, 1960 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH April 9, 1885 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Office Clerk Governors Office 13. FATHER'S NAME	e Annapolis, Maryland USA 14. MOTHER'S MAIDEN NAME
+	Fletcher Basil 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Elizabeth Owens
	(Yes, no, or unknown) (If yes, gave wor or dates of service) 214, 05, 1767 Mr	rs Nellie I. Besil- Wife- same as # 2
	18. CAUSE OF DEATH [Enter only one couse parting for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse last. (c)	Prostate sland with ONSET AND DEATH To spine 1 6 Marsa
	CAT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 2
		ED. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the followerk of work of work of the followerk of work of the followerk of work of the followerk of the follower of the followerk of the follower	LACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) oclory, street, office bldg., etc.)
	ACTUAL SIGNATURE CLIPS (A) ATOME	h occurred ot M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D.
-	PHYSICIAN'S James Martin MD	6 Shaw Street, Annapolis, Md.
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C. REMOVAL (Specify) Burial Nov. 8.1960 Cedar Bluff C	amotome (some
	Hopping Funeral Home Annapolis Md	240. REC'D BY REGISTRAR 240. REGISTRAR'S MONATURE DATE NOV 10 '60 C. Wan S. France

The proof of the registron prior to buriol, cremotion, or removol, and in any event within 72 hours ofter death. rs offer deoth. Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 is

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admiss on) Page e. COUNTY of Health, a. STATE **b.** COUNTY files, ANNE ARUNDEL ANNE ARINDET. MARYLAND b. CITY OR TOWN (if outs'da corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Annapolis Annapolis Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RES.DENCE ON A FARM? 118 O'Berry Court , and 3 to the is sail 5 may be retained for 118 O'Berry Court State YES NO death. 3. NAME OF M ddle 4. DATE Month Day Year ge 5 may be., ge 5 may be., ge 2 may be., and 2 with the 5 22 hours after de DECEASED (Typa or print) KYLE BELT DEATH 1960 ROBBIE November 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH F UNDER 24 HRS last birthday) | Months Colored Male WIDOWED [DIVORCED toe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS.NESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? u be executed within 24 hours aft in pencil in Item 18, Give Pages 1, 2 Page done dunne most of reaction the service of retired) **++ Annapolis. Md. U.S.A. wil/fa PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Belt Tillian Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Office along with burial-transit permi George W. Belt- 118 Obery Court-Anna Md. No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Interstitial pneumonitis IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" geva rise to immadiata cause DUE TO (a), stating the underlying asse execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as cause fast. cremation, PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IN NO 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part | or Part | of Ham 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) [Stale] factory, streat, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 20. Inspection Inquiry and in my opinion agent, death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. pjnoys NAME (Type) Address (Street, city, town, or county) É 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial 11-26-60 Brewer Hill D 4 D Annapolis, Md. 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. ATEME Annapolis, Maryland Orthur & Kenna EM 7/39 DANEC = = 1 X 8 7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12122Reg. Dist. No I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autiide carporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 should d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES 🗸 NO 🛢 NAME OF 4. DATE Middle Month DECEASED OF NOU (Type or print) 1960 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH Manths Days WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon 13. FATHER'S NAME ofter 0 remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 10 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) TERMINAL BRONCHO - PN EREBRAL HEMMORHAGE Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-ARDIOVASCULAR DISEASE lying cause last **buriol-tronsit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20e, PLACE OF INJURY (Hame, form, 20f (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (State) (County) factory, street, affice bldg , etc.) Hour a.m. While Not while at work at wark 21. I certify that I attended the deceased from AUGUST 1956, 10 NOU. 15 1960 that I last saw the deceased and that death occurred at 12 40 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED UN 2934 MOUNTAIN 11-16-60 LANKFORD

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

246 REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

VS A1S (4) 1SM 9/SS

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	M	ARYLAND	STATE DEF	PARTMENT	OF HEA	ALTH
4 0 4	DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS	BALTIMORE	I, MARYLA
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	0	. COUNTY Anne	Arundel	MARYLAND	o. STATE	nd b. COUNTY	Anne Arunda
	b	//. /	utside corporate limits, write est tawn)	c. LENGTH OF STAY IN 16	E CITY OF TOWN (IF O	outside corporate limits, write RL	JRAL and give nearest town)
	d	OR INSTITUTION	(If not in hospital, give stre	tospital	d. STREET ADDRESS	EVERN AVE	e is residence on a farm? Yes \(\text{NO} \)
	(IAME OF PECEASED Type or print)	LORENCE		BENNETT	4. DATE Mont OF DEATH	2 1960
	S S	F	1 1 1	RRIED NEVER MARRIED	6-29-19	9. AGE (In years last birthday) 40 yrs	Months Days Hours Min.
		TOUSEW	(Give kind of work done 10 life, eyen if retired)	HOHE-	MARY	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1	TOBER!	+ F. RE	UELL	14. MOTHER'S MAIDEN N	! H. St.	ARR
			N U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17	HOMAS E. BE	ENNETT Addr	# 2
		■ PART I. DEATH	DUE TO which (b) S	line for (o), (b), ond (c).] quamous cell quamous cell	carcinoma,	metastatic, groin left mid-toe	left Interval Between onser and Death 5 mg.
	CERTIFICATION			S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition givi	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS I OR CONTRIBUTING ((IF EITHER, NOTIFY ME	DICAL EXAMINER	ESCRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in I	Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Whi		LACE OF INJURY (Home, farm actory, street, affice bldg., etc	20f. (City or fown)	(County) (State)
			(1) (this hospillish atte				d on the date stated above
		22c PHYSICIAN'S NAME (Type)	Mantin o	& Codd	22d. ADDRESS	ed. Staff Phys. Rector Phys. Mary	11-2-60
	23a	BURIAL, GREMATION,	Francis I.	Codd 235 NAME OF CEMETERY		23d LOCATION (City town, o	
1	I 24)	FUNERAL DIRECTOR'S	11-3-60 Envire	ADDRESS ADDRESS	// // /		LIS / J.D. TRAR'S SIGNATURE LIMI & Thank
1	40	reu 111.10	101 + POW	(Muly os	DATEND!		

TO HOSP For ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 may be facured by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 mours death.

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12101

19101

CERTIFICATE OF DEATH

	16164	CERTIFICA	IE OF DEATH	
1. PLACE OF DEATH O COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in o. STATE b. CO. Maryland	
RURAL and give	m 4	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	
d NAME OF HOSE OR INSTITUTION	polis ITAL (If not in hospital, give street el General Hospi		RURAL - Tracys La	a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Meda	Middle	BINGHAM 4. DATE OF DEATH NOVE	Month Day Year mber 15 19 60
5. SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In lost birth	
Female	White WIDOW	/ED XX DIVORCED [Dec. 25, 1882 77	yrs Months Doys Hours Min.
	prking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) Virginia	U.S.
3. FATHER'S NAME	is 21/m2 0	86 in	14. MOTHER'S MAIDEN NAME	
15 WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.1	HORMANT R BING	Address (2)
Conditions, if gove rise to couse (o), statin lying couse ost	g the under:	myrache mushed	al & rend in enfor	ieng phelinen
PART II O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO!
	VAS UNDERLYING 20b DE IG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 1	B.)
ZOC TIME OF INJE Hour o. m p. m	. While	-1	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stot
	nat (I) (t his trick place): attended alive an Nov . 1		Oct. 16, 1960, to Nov. 1	
220 SIGNATURE	Brilg H.	bulin	M D PHYS MED. STAFF	225 DATE SIGNI 11/16/60
22c PHYSICIAN'S NAME (Type)		on	Lothian, Md.	
230 BUR AL, CREMAT		230 NAME OF CEMETERY OF	or CREMATORY 230 OCATION (City, 1)	rgwn, or county) (State)
Juliu M	DR'S SIGNATURE L' Dayler Sens	asmafaolis	and 250. REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE CLITCHIA S. KLAMA

the funeral director, and 2 should be filled with may be retained by the haspital ar attending physician.

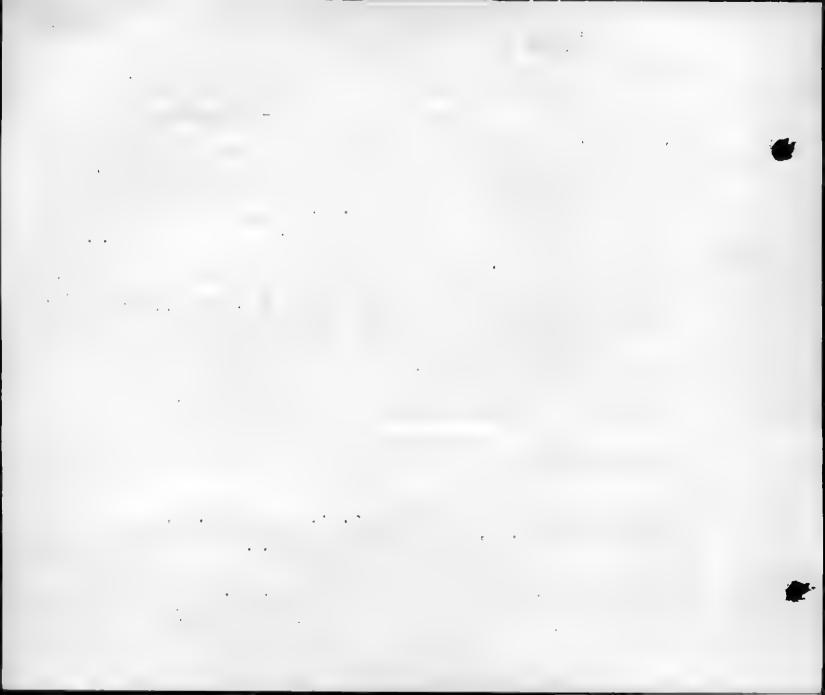
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TR ATTENBING INVSICIAN: The law Equires that the denth certificate be executed within 24

TO HOLL

VR A15 (4) 15M 9/59

after death. Page 4



ofter death. Page 4

maguires that the diath certificate be elecuted within 24

VR A15 (4) 15M 9/59

1, PLACE OF DEA	тн Anne Arunde	1	MARTIANO	a. STATE	DENCE (Wh	_	d lived. If instituti b COUNTY			re odmission	_
b. CITY OR TO	WN (If outside carporate limi	_	c. LENGTH OF STAY IN 16			The second	rate limits, write R				2 #
Baltimor	give nearest tawn)			50 Be	50 Baltimore 25						
d. NAME OF H	IOSPITAL (If not in haspital, s	jive street	address)	d. STREET A						e. IS RESIDE	ENCE ARM?
5317 R	itchie High	way		5.	17 F	litch	ie High	way		YES 1	
3. NAME OF DECEASED	Fu		Middle	Las	t	4. DATE	Mar	ith	Do	y Yes	ar
(Type ar print)	. Ange.	line	Lena	Bohln	nan	DEATH	No			- 1	60
S. SEX	6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTI	-1		AGE (In years last birthday)	Months	Days	IF UNDER	24 HRS.
Female	White	WIDOW		28 Aug.	/	385	75 yrs.				
during most a	if warking life, even if retired	dane 10b.	KIND OF BUSINESS OR IND		_	ar fareign a	ountry)			F WHAT COL	UNTRY?
Housewi					rland			U	SA		
13. FATHER'S NAM				14, MOTHER'S		NAME					
7	Miexner	eeee l		Unkno	nwa						
(Yes, no, or unknown)	DEVER IN U. S. ARMED FOR (If yes, give wor or dates of :	ervice			D 1	No.	_	ress			
No	, , , , , , , , , , , , , , , , , , , ,		15-01-666 <u>5</u> B	Hermar	1 Bor	llman	. Same	2.6_			
	F DEATH [Enter only one co I. DEATH WAS CAUSED 8Y	ouse per li	ne far (a), (b), and (c).]			, ,				ERVAL SETV	
14-7-	IMMEDIATE CAUSE (c		semignia i	ited (1-22.6	2,67	•			16 "	1/1
175	, O DUE TO	>									
	, if any, which) (b)							-		
cause (a), st	ating the <u>under-</u> DUE TO	}									
Z Sam II			CONTRIBUTING TO DEATH BL	IT NOT BELATED TO	THE TERM	NIAI DICEAS	E CONDITION OF	JENI INI PAI	PT 1(a)	IQ WAS AL	TOPSY
CATIC									(0)	PERFORA YES 1	MED?
TO (IF EITHER, N	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b, DES	CRIBE HOW INJURY OCCURS	RED. (Enter nature o	f injury in I	Port I ar Par	t II af item 18.)				
Haur (INJURY Manth, Day, Ye a.m. p.m. 19	or 20d. I While at wor	Nat while f	PLACE OF INJURY (factory, street, affice			or town)		(Caunty)		(State)
21. I certify	y that (I) (this haspita	l) attend	ded the deceased fram	rite in th	ź 12	4. ital	Naucesule	11-196	(L) II	nat (I) (we	e) last
	eceased alive an //:	25		death accurre		M, fram	the causes a	nd an th	e date	e stated o	bave.
22g SIGNAR	The day is	16	Mila	M D. ATTENDIN	ر لیزر ۱۸۸۱ ۱۵۱۱ ا	ED.	STAFF PHYS		12%	22b (DATE
22c PHYSICIA NAME (T		Don	ald, M.D.	22d. ADDR 204		n Hgl	ny. SW,	Glen	Bu	rnie,	, Md
23a. BURIAL, CREA	MATION, 23b. DATE THERE)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, tawn,	ar caunty)		(State)	
Burial Burial	B Dec.	.196	Most Holy	Redeeme	72	Ba.1 t	imore (31 + 22	3.6	ą	
	CTOR'S SIGNATURE	A. C.	ADDRESS		25a. REC'	D 8Y REGIS	TRAR 25b REG	STRAR'S S	2 .0		
Hopping	& Kirkley	Gl	en Burnie,	Md.	DATEDE	C 6 '6	0	Thur S.	That	M.	



MARYLAND

C LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

Middle

DIVORCED [

g. STATE

B. DATE OF BIRTH

d. STREET ADDRESS

Lost

14. MOTHER'S MAIDEN NAME

Day

12 CITIZEN OF WHAT COUNTRY?

9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min

Months

IS RESIDENCE ON A FARM? YES NO 4

Year

19.

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss an)

c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)

4. DATE OF DEATH

1886

11. BIRTHPLACE (State or foreign country)

b. COUNTY

Month

the funeral director, should be filed with icion and campletely filled a carbon papers. Pages 1 ar Hain 72 haurs after death.

after death. Page

te be executed within 24

1. PLACE OF DEATH

b. CITY OR TOWN (If outside corporale limits, write

d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

6. COLOR OR RACE

First

10a USUAL OCCUPATION (Give kind of work done done) 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)

WIDOWED F

RURAL and give nearest town)

L646 54110220

Tulliers

o. COUNTY A

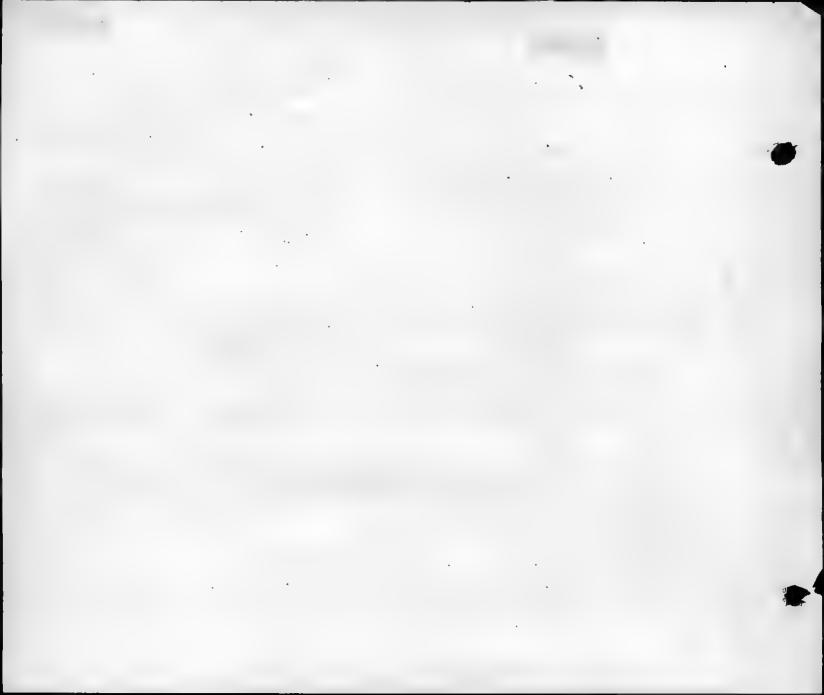
NAME OF DECEASED

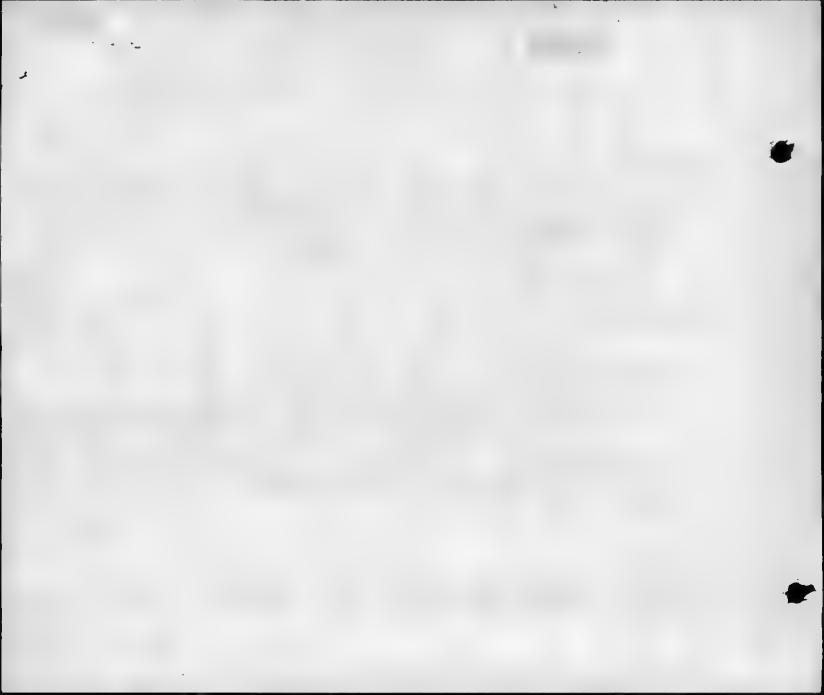
5 SEX

(Type or print)

13. FATHER'S NAME

0 .2 0 4	W 3	_	70/11/2
phys and y	1 /		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
ing p		(Tim	no. or unknown) (If yes, give war or dates of service) ? 16 575 11775, 2 Trick 211 Kers T Rd.
andi indi indi indi			1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
afte afte			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COTONOY / Mrc mloss P
that the by the lit. The al, and			conditions, if only, which) by Arterio relevotie heart disease
equires in signed iit perm ir remav			gove rise to immediate couse (a), stating the under lying couse last. DUE TO ASTENIC PULLY STATE SERVER C
physicio as been ial-trans atian, a		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
ending ficate h the bur al, crem	V	CERTIFIC	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or att his certi r use as ta buri		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 of work of or work of
NDING hospith After the			21. I certify that (I) (this haspital) attended the deceased fram. Nov. 1909 (to Nov. 1960 that (I) (we) last saw the deceased alive ap. Nov. 5. 1960 and that death occurred at M., from the causes and an the date stated above.
d by the ECTOR of Heal	1		220 SIGNATURE TO CHE COLOT, M.D. ATTENDING MED DIRECTOR D STAFF PHYS. D DIRECTOR D STAFF PHYS. D
AL DIR should I	(22c. PHYSICIAN'S JOSEPH TALER 22d. ADDRESS /C2 By A Block, N. E. Che Parking
may be O FUNER page 3 the State	£)	230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Store)
5 - 5		24	FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/59	2	0	harles L. STevere to 1212/ House Inc. DATE NOV 21 160 unun d. Thomas
			1301 12 12 1488





the funeral director,

TO HOSPICATION ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 fmay be revained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A1S (4) 1SM 9/59

coffer death. Page 4

12106

-													
1	PLACE OF DEATH o. COUNTY	Anne Arur	ndel	MARY		a. STATE	aryla		d lived If institut b COUNTY			re admis unde	_
	b CITY OR TOWN (If RURAL and give ne	Foutside corporate limit arest town)	s, write	c. LENGTH OF STAY	IN 1b			. 1	orate limits, write l	RURAL and a	give nec	aresi low	n}
_	Annapo			10 days			len B	urnie					
	OR INSTITUTION	AL (If not in hospital, gi		*		d. STREET A						e. IS RE	SIDENCE A FARM?
A	nne Arunde	<u>l General I</u>	iospi	tal		1	09_Ra	lph R	oad			YES [) NO 🔼
3.	NAME OF DECEASED	Firs	il	Middle		las		4. DATE	Mai	nth	Da	ıy	Year
	(Type or print)	Myrtle		Reed		BURREI	T_	DEATH	Novemb			9	19 60
\$	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	ED 🔲 B.	DATE OF BIRTH	4		9. AGE (In years	Months	Days		ER 24 HRS
	Female	White	WIDOWI	DIVORCEI		ctober	23, 1	881	last birthday) 79 yrs	monns	odys .	Hours	ZYSSCI
100	during most of work HOUSEWII	ON (Give kind of work of ing life, even if retired)	lane 10b.	KIND OF BUSINESS O	R INDUSTR	_	ACE (State	_	ountry)	12. CITI	U.S		COUNTRY?
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Ge	eorge Reed	i			Jì	ılia	Muzz	У				
[Ye		R IN U.S. ARMED FOR- If yes, give wor or dotes of se	ervecm)	social security NO 22-09-848	110	nald I	V. Bu	ırre k	1 521 N				
CERTIFICATION		the <u>under-</u> DUE TO (c)	DITIONS (VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED? NO A
	200. ACC: DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	Enter noture o	r injury in I	raff or rai	rt it or item is }				
MEDICAL	20c TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Yea	While of wor	NJURY OCCURRED Not while at work		E OF INJURY (ry, street, office			y or town)	{(Countyj		(Stote)
		t (this hospital		/ _		ATTENDING	d at	M, from	the causes o			stote	
	22c. PHYSICIAIOS NAME (Type)	Jesse L. W	ilki	ns		22d. ADDRI	SS		St., Anna	polis	, Mo	i.	
234	o. BURIAL, CREMAT O REMOVAL (Specify)	12-1-6	,	23c NAME OF CEM Gracelaw		m. Pk.			nhurst.	or county) Dela	awa	(\$to	ı+e)
24	Milliam	S SIGNATURE	uncs	ADDRESS Newar				D BY REGIS	TRAR 256 REG	ISTRAR S, SI	GNATU	RE	
		WILLIA	MJ	. WARWIC	K								



director

filled

completely

and

physician

attending

á

gned

attending phy

After this

TO FUNERAL DIRECTOR:

law requires that the death certificate

after death. Page

1. PLACE OF DEATH Anne Arundel b CITY OR TOWN (if outside corporate limits, write

MARYLAND

Middle

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Marvland

COUNTY WICOMCO

c. LENGTH OF STAY IN 16 RURAL and give nearest tawn! Crownsville 5mai davs d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

Louis

Fruitland d. STREET ADDRESS

Unknown

Burton

Last

ON A FARMERUE YES NO

Crownsville State Hospital NAME OF DECEASED

Unknown

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]

DUE TO

DUE TO

Anthony 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 4. DATE DEATH

Month 11 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years

Year 1060

Male Negro

WIDOWED [7] DIVORCED [7]

March 5. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

59 vrs

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Months Doys Hours 12. CITIZEN OF WHAT COUNTRY?

Day

18

during most of working life, even if retired) Farmer 13. FATHER'S NAME

New Jersey 14, MOTHER'S MAIDEN NAME

Unknown

U.S.A.

Unknown

Yes

(Type or print)

5. SEX

16. SOCIAL SECURITY NO

17 INFORMANT

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Unknown

Hospital Records

INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) Conditions, if ony, which gove rise to immediate

couse (a), stating the under-

lying cause last.

TBc of Lungs

Inanition

Central Nervous System Syphilis, General Paresis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.

WAS AUTOPSY PERFORMED? YES TO NO IX

ONSET AND DEATH

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

20c. TIME OF INJURY Month,

20d INJURY OCCURRED Day, Year

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.

20f. (City or town) (County) (Stote)

p. m. 21. I certify that (I) (this haspital) attended the deceased fram___

230 BURIAL, CREMATION, 236 DATE THEREOF

White--- Not while at work at work

1960

6/7

1960 , that (I) (we) last ta and that death occurred at P. M. from the causes and on the date stated above

saw the deceased alive an 22c PHYS CIA

PHYS M.D. 22d ADDRESS

MED DIRECTOR STAFF

NAME (Type Hildegard Heard Reissman, M. D. Crownsville State Hospital, Md.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, or county)

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

Quantico ADDRESS.

Quantico 250. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

VR A3S (4) 15M 9/59



VR A1S (4) 15M 9/5

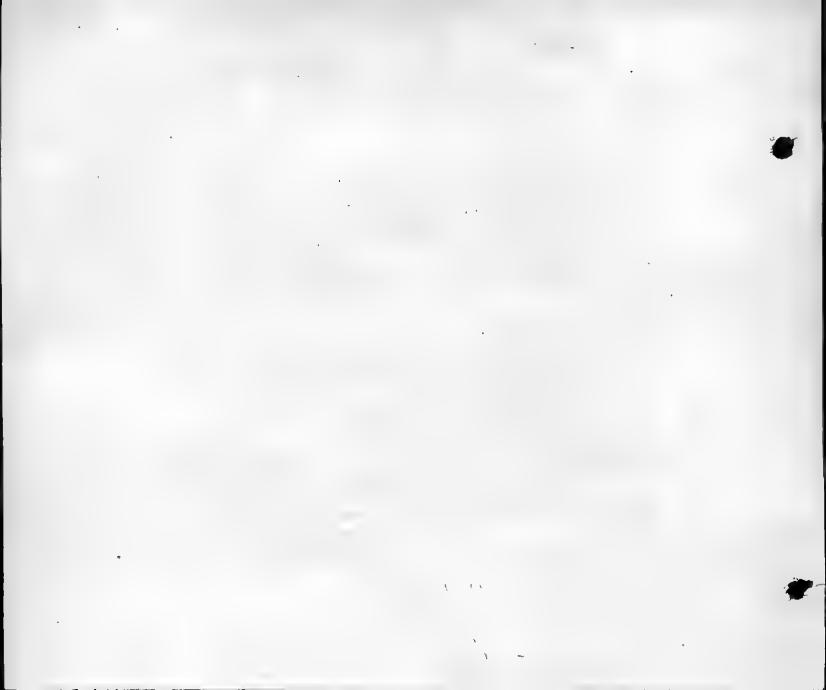
12108

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

										-			
1	C	El	RT	IF	IC	A1	ſΕ	0	F	D	EΑ	T	Н

	1, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)							
L	O. COUNTY ANNE ARUNDEL MARYLAND	O. STATE MARYLAND 6. COUNTY PRO (TECRCE.							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ı	ANNAPOLIS MD	Coklege Tark, md 1671							
Ī	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM?							
L	HOMEWOOD NURSING HOME	406-College are YES NO							
	3. NAME OF First Middle	Last 4. DATE Month Day Year							
H	(Type or print) ELOISE PEIRIE	CLAFLIN DEATH 11 7 1960							
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	F WIDOWED DIVORCED C	aug J-1882 lost & thoday) Months Days Hours Min.							
Ī	100 USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUS durung-most of working life, eyen if retired)	TRY 12 BIRTHPDACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?							
L	Horsewife own Home	Illinois USA-							
1	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
	Trederick O. Retrie	nora moller							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN	FORMAN? Address Address							
L	NO -	redours mender Collegeran mg							
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
ı	PART I. DEATH WAS CAUSED BY: C FREBRAL AC	RIERY THROMBOSIS /WK.							
ı	332 X DUE TO								
ı	Canditions, if any, which) (b)								
۱	gove rise to immediate (cause (a), stating the under (
ı	lying couse last. (c)								
ŀ	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED?								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORME YES NOT NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORME YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORME YES NOT THE TERMINAL DISEASE CONDITION GIVEN								
ľ	200. ACCIDENT WAS UNDERLYING (206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18) OR CONTRIBUTING (CAUSE OF DEATH)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
ŀ	E Control Control	CE OF INJURY (Home, farm, 20f (City or lawn) (Caunty) (State) tory, street, office bldg., etc.)							
	Hour o. m. p. m While Not while at work of w								
	21 Certify than (1) (this haspital) attended the deceased fram	may 1957 to 1/7 1960, that (1) (we) last							
1	say the deceased alive an 11/6 1960 and that death occurred APM, from the causes and an the date stated above								
ı	22b DATE 22b DATE								
ı	Cicliant de Ciclian M.D ATTENDING MED DIRECTOR DIRECTOR PHYS DI 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
ł	22c PHYSICIAN'S NAME (Type) 22d. ADDRESS								
	KICHARD N. PEELER	HUNAPOLIS, MO-							
F	230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF	CREMATORY (State),							
	Cremation not 10, 1960 - It Lincoln	Crematory Colnear Manor md							
	24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS	256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
	7 tilseks Jers offallente	DATE NOV 1 4 '60 Carthury S. Kraus							
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VR A15 (4) 15M 9/59

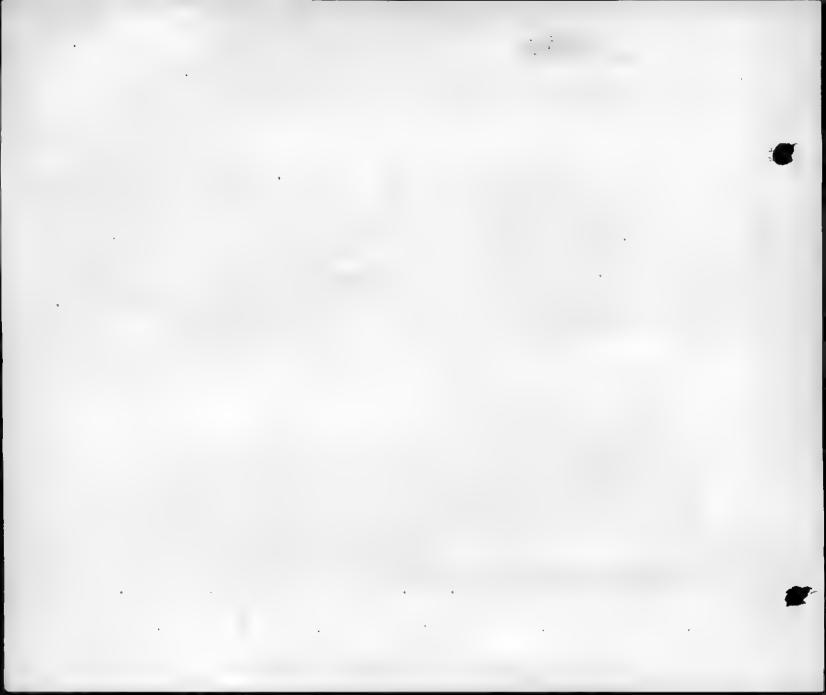
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

19165 CERTIFICATE OF DEATH

13328

	* * * * * * * * * * * * * * * * * * * *						
o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		If institution Res		admission)	
b CITY OR TOWN (If outside corporate limits, RURAL and give negrest lown) Fort Gorge G. ! G		e. CITY OR TOWN (IF o	outside corporate lim	its, write RURAL	and give neares	t town)	
d NAME OF HOSPITAL (If not in hospital, give or institution U.S. Army Hospital	e street address)	d STREET ADDRESS Tall Pines	s Trailer	Court		IS RESIDENCE ON A FARM? ES NO T	
3. NAME OF First DECEASED (Type or print) BRUCE	Middle	COLLINS JR.	4. DATE OF DEATH	Month Novembe	poy r 30	Yeor 19 60	
	MARRIED NEVER MARRIED NIVORCED NIVORCED NIVORCED	8. DATE OF BIRTH 30 NOV 60	9. AGI lost	birthdoy) Mon		UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b, KIND OF BUSINESS OR IND	Mar yland		12	CITIZEN OF W	HAT COUNTRY?	
13 FATHER'S NAME		14. MOTHER'S MAIDEN N					
Bruce T. Collins 15 WAS DECEASED EVER IN U. S. ARMED FORCE [15 No. 00 of unknown] If you, give wor not dollar of serv	lass	Jackie La INFORMANT Jedical Repords		Address Ft G G	"eade,	Md.	
Conditions, if any, which gove rise to immediate cause (a), starting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF C	Prematurit		INAL DISEASE CONI	DITION GIYEN IN		WAS ALTOPSY PERFORMED? ES NO 1	
20a ACCIDENT WAS UNDERLYING CORED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 DESCRIBE HOW INJURY OCCURRED While Not while of work of wor							
21 I certify that (I) (this haspital) saw the deceased alive an 30,00 220 STONATURE 220 PHYSICIAN'S NAME FIRST AN S. ROPINS 230 BURIAL, CREMATION, 236 DATE THEREOF BEMOVAL (Specify) 231 J	NOV 1960, and that Tofuso at ONT, Capto, M.C. 23c. PAME OF CEMETERY GO Sprules	death accurred at IV A HC ATTENDING MI M.D PHYS DI 22d. ADDRESS VISA HOSP F OR CREMATORY Cemetery	PHY	auses and an	the date st		
Le Witt Danal	dem Louis	Med DATE	D BY REGISTRAR	25b REGISTRAR	S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARY
CERTIFICATE OF DEATH

12127

Them 7 CERTIFICATE OF DEATH

12109

the attending physician and completely filled a by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with TO HOSPILL OR ATTENDING PHYSICIAN: The .ow requires that the death certificate be executed within 24 brangs be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a page 3 should be detached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 at the State Board at Health prior to buriat, crematian, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

Cafter death. Page 4

o. COUNTY	Anne A_undel	MARYLAND	o STATE Marylar	b. COUNTY	Anne Arundel					
b. CITY OR TOWN	(If outside corporate limits, write			outside corporate limits, write Rt						
RURAL and give r	nearest town)		Annapolis							
d. NAME OF HOSPI	ITAL (If not in hospital, give stree	et address)	d, STREET ADDRESS	7 de de 10	IS RESIDENCE					
Anne Arund	el General Hosp	oital	2 Sout	thgate AVe.,	YES NO					
3. NAME OF	First	Middle	Last	4. DATE Mon	th Day Year					
(Type or print)	Mary	Katherine	COX	DEATH Novemb	ovember 6 1960					
S SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED TOT	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR					
Female	White widow	WED DIVORCED	October 17,	1895 9 AGE (In years lost birthdoy) 65 yrs.	Months Days Hours Min.					
10a USJADOCCUPATI	ION (Give kind of work done 19)	STIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY					
0100.0	her/	reblie Schoon	Maryla	and	U.S.					
13. FATHER'S NAME	0	P.	14 MOTHER'S MAIDEN	NAME O						
Her	ome 4	Cox	Killia	n Jockel	rold					
15 WAS DECEASED EV	'ER IN U. S. ARMED FORCES? 11-	6. SOCIAL SECURITY NO 17	HORMANT	Addr	ross (1)					
			jerome	rox						
	ATH [Enter only one couse per	Tine for (o), (b), and (c).]	1, ,		INTERVAL BETWEEN					
PAKI I. DE	IMMEDIATE CAUSE (o)	gronary of	aronlea	an _	24 HOURS					
420	DUE TO +	Mar	~ 7/. d	11	- LVOC					
	Conditions, if ony, which (b) [KUNGSCLERALE BOART (USCASE)]									
couse (o), stating	the under- DUE TO									
lying couse lost					1					
PART II. OI	TER ORIFED !									
<u> </u>	YES NO									
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU		for for	ACE OF INJURY (Home, form		(County) (State					
Hour o.m	Pom. 19 While Not while of work of work									
21 I certify th	21 I certify that (I) (this hospital) attended the deceased from 5 NOV., 1960, to Nov. 6, 1960, that (I) (wax loss									
saw the deceased alive on Nov. 6, 1960, and that death accurred at M, from the causes and an the date stated above										
220 S GNATO/E	100001	11R 1	ATTENDING M	P.M. STAFF _	22b DATE					
1	elleary	17 Secre	M. D. PHYS DI	RECTOR PHYS	11/7/60					
220 PHYSIC AN S NAME (Type)			22d. ADDRESS	T	16.					
	Edward S. Becl			in St., Annapo						
230 BUPIAL CREMATI	ON, 236, DATE THEREOF	23c. NAME OF CEMETERY OF	or CREMAJORY	23d-COCATION (City town,	or county)					
24 EUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	P. 74 0 250 REL		STRAR'S SIGNATURE					
horm in	. Juguer - www	amogue	DATE N	0V 9 '60 C	itimes of those					



生 director Page be filed death. uneral shauld > 64 within 24 completely filled papers. carpon offer requires that the death certificate ۵ ony been signed puo the burial-transit removol, certificote detoched for use DIRECTOR Prior 3 should pode 0 VS A1S (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPS'

PERFORMED? YES I NO IX

(State)

22b DATE SIGNED

(Stole)

60

YES NO

Year

1960

Min.

A. A.-

Day

Doys

HSA

(Caunty)

Culling & Henry

25o. REC'D BY REGISTRAR

DATE NOV 2 1 '60

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) o COUNTY g STATE b. COUNTY MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glen Burnia Yrs Glen Burnie. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 207 Queen Ann Rd Queen Ann Rd. NAME OF 4. DATE First Middle Month DECEASED DEATH (Type or print) Chester Dunkerlv Nov. IF JNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years S. SEX lost birthday) Manths DIVORCED | WIDOWED | yrs. Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) R.R. Voiletville Md Warehouse Man 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John R. Dunkerly Laura Chacoman 17 INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Nο 705-09-1634 Mr. Melvin Dunkerly Hanover, Md. CAUSE OF DEATH [Enter only one couse per ine for (o), (b), and (c).] DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PAIN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING | CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year factory, street, affice bldg., etc.) Hour While o. m Not while at work at work p. m. 1960, that (1) (we) last 21. I certify that (1) (this hospital/attended the deceased fram. 1.1. saw the deceased alive an... and that death accurred at _____M, from the causes and an the date stated above 22g. SIGNATURE ATTENDING MED DIRECTOR [STAFF PHYS M.D. CLOTO 22c, PHYSIC AN'S 22d. ADDRESS. 1 NAME (Type) 236 DATE THEREOF 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Burial 15 Nov. 1960 Meadowridge Mem. Park Howard Co. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Glen Burnie, Md.

ATTENDING PHYSICIAN: The law requires that the death certificate be attending physician. **burial-transit** certificate b After this detached far FUNERAL DIRECTOR: å OR 3 should page 3 shi the State E 01

director, i.ed with Page

the funeral should be fi

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VR A1S (4) 15M 9/59



Anne Arundel

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)

Anne Arundel

b. CITY OR TOWN (If autside corporate limits, write

1, PLACE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

VR AIS 15M 97

		G-1 by	son Island		Adihson	Taland		
,	d		At (If not in haspital, give street or	ldress}	d STREET ADDRESS			e is residence ON A FARM? YES NO
		AME OF	First	Middle	Lost	4. DATE OF	Month	Day Year
	- (1	lype or print)	Nina	Poe	Elder	DEATH	Nov.	2 1960
	S. SI	EX		D NEVER MARRIED	B. DATE OF BIRTH		GE (In years IF UND st birthdoy) Manth:	ER I YEAR IF UNDER 24 HRS
		P'	WIDOWEE		2-7-1.873		7 yrs	
	10a	USUAL OCCUPAT O	ON (Give kind of work done 10b. King life, even if retired)	IND OF BUSINESS OR INDI	JSTRY 11, BIRTHPLACE (Stote	e or foreign country	12.0	ITIZEN OF WHAT COUNTRY
	_	Housew:			Marylan	-		U.S.A.
	1). F	ATHER'S NAME	77 . 7		14 MOTHER'S MAIDEN			
	_		. Poe Neilson		Alice	Minis		
			R IN U. S. ARMED FORCES? 16. St (If yes, give wor or dates of service)	OCIAL SECURITY NO 17	INFORMANT		Address	
		no		.1	rs. Sarah E	Alder Sy	mington	ALovo
			TH (Enter only one couse per line	far (a), (b), and (c)]				INTERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (0)	cremen	a of the le	41-62	cest	
		1 70	DUE TO		1. 11			1
1		Conditions, if o		with m	etastas	ea		6-years
		gave rise to it couse (o), stating						
		lying cause lost.	(c)					
	0	PART II OTH	HER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN IN P	ART 1(0) 19 WAS ALTOPSY PERFORMED?
	S		none					YES NO
	CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESCI CAUSE OF BEATH MEDICAL EXAMINER;	RIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port Lor Port II at	Fitem 18.)	
	WEDICAL	20c TIME OF INJUR Hour o.m.	Y Month, Day, Year 20d. 1N. While 19 ot work	Nat whilef	LACE OF INJURY (Home, for actory, street, affice bldg, et		own)	(County) (State
		21 I coefify the	it (I) (this haspital) attende	nd the deceased from	Vecly 11 10	do 10 71	OV 7/ 19	66 that (I) (we) las
	- 1	saw the deceas	sed alive an Ottober	15 19/00 and the				
	- 1	220. SIGNATURE		011		. ALLE INC.		22b. DATE
1		K.d.	n. Mc Trust	ilen	M D PHYS	MED. ST	TAFF HYS	101, 2, 196
	1	22c PHYSICIAN'S	-2 12 11	11.	22d ADDRESS-		1. 1	e-skulinte validaginten
	- [NAME (Type)	KIN.IIELa	ughlon	3708 /16	mitain,	Kd. Ja.	Ladena, Ma
	23o	BURIAL, CREMAT C	N, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(City, town, or count	y) (State)
1		REMOVAL (Specify)	111-5-60	St. Johns		Bolt	o Co	ind
	24	UNERAL DIRECTOR		ADDRESS	250. REC	D BY REGISTRAR	OCL BEGISTRADIS	SIGNATURE
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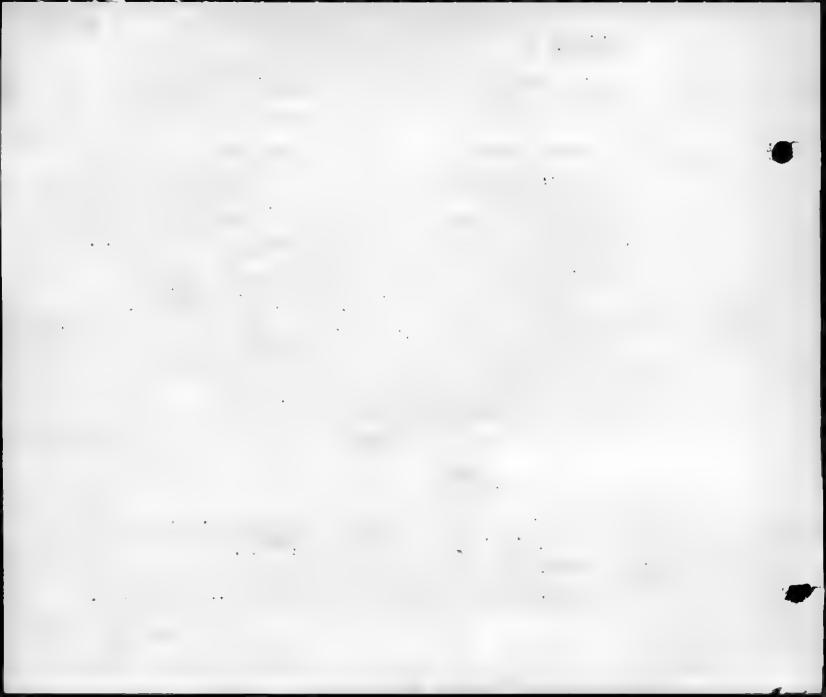
CERTIFICATE OF DEATH

		A	4.4.10											
1	1. [PLACE OF DEATH COUNTY	Anne Aruno	ial	MARYI		o STATE	ENCE (Who	_	d lived. If instituti 6 COUNTY				ion)
v h) 1	b CITY OR TOWN (If RURAL and give nec	outside corporate limi		c LENGTH OF STAY I	IN 16				rote limits, write R)
		Annapoli					10	Innap	olis					
	(d. NAME OF HOSPITA OR INSTITUTION		ive street o	ddress)		d. STREET A					е	. IS RESI	FARM?
3	An	me Arundel	General F	lospit	al		Carv	al Ha	ll Hot	tel			YES	NO TO
		NAME OF DECEASED (Type or print)	Jani.e		A Middle	र क	tosi LDMEYE	_	4. DATE OF DEATH	Novembe		Day 22		rear 19 60
	5 S	EX			ED NEVER MARRIE		ATE OF BIRTH			9 AGE (In years	IF UNDER	1 YEAR		
	Fe	emale	White	WIDOWE	_	- //	cly. 1	34	1872	lost birthdoy)	Months	Doys	Hours	Min
	10a.	. USUAL OCCUPATIO	N (Give kind of work in	done 10b. K	IND OF BUSINESS OF	R INDUSTRY	11. FIRTHPL	ACE (State of	or foreign o	ountry)	12, CITI	ZENOF	WHATC	OUNTRY?
			naker	A	tome	V	Mai	ryland	d			U.S.	,	
	13	FATHER'S NAME	eb Fe	ldr	neyer	1	. MOTHER'S	MAIDEN N	Pres (Ober	<i>.</i>			
	1S ,Yes	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAN SECURITY NO.	17. INFO	MANT M	n Edu	ugicl	9 9112	Oye	stor	Z	
		18 CAUSE OF DEAT	TH / Feder columns on	uss see lie	- 4 4-> 4-> 1	0,30	26123	12 Cr	oje	w jour	, CL	LINTE	OVAL DE	TWIEEN
		, PART I, DEAT	H WAS CAUSED BY.	A .	e for (o), (b), and (c).	0 /	len	n-	lua				AND	DEATH
		>33	DUE TO				,	-				-		
		Conditions, if on	y, which) (b	gi	mural	ite	of A	rle	ce o	nela	one	رسر اند	1	
		gave rise to in couse (a), stating 1		-7		0	-0		0		1	0	TI	· /
		lying couse last.	(c	Lin	uma	pr	orn 1	nn	eli	rue (16-			
	TION	PART JI. OTH	ER SIGNIFICANT CON	DITIONS <u>CO</u>	ONTRIBUTING TO DEA	TH' BUT NO	RELATED TO	THE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY RMED?
	FICA	Cern	mit (ing	uli v	(or family	and,	ur	4/				YES 🔲	NO 🔼
	CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. 1055C	RIBE HOW INJURY OF	CCURRED (E	nter noture of	injury in P	ort I or For	I II of item IB.)				
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yes			20e. PLACE	OF INJURY (), street, office	lome, form,	20f. (City	or town)	(<	County)		(State)
	MED	p. m.	19	While of work	Not while	.00.017	3	ordgr, orc.	1					
		21. I certify that	(1) (෦මයහනෙන	4 attende	ed the deceased	fram	est	195	9. tal	Nov. 22.	19.6	Q, the	at (I) Q	(20) last
			ed alive an Nov	1. 22,	19 60, and	that deal	h accurred	0/07	(Te) fram	the causes ar	d an the	date	stated	abave.
		22a. SIGNATURE	Im Il	111		M D	ATTENDING	10:50		STAFF PHYS		1	721	DATE
		22c PHYSICIAN'S	· IU CT CO	y /	/	m U	22d. ADDRE		KECTOR	Luis [۱.	.d./ &#</td><td>¢/ 00</td></tr><tr><th></th><td></td><td>NAME (Type)</td><td>Frank M. S</td><td>Shiple</td><td>y</td><td></td><td>121 C</td><td>athed</td><td>ral St</td><td>Anna p</td><td>olis,</td><td>Md.</td><td></td><td></td></tr><tr><th></th><td></td><td>BL.RIAL, CREMATION PEMOVAL (Specify)</td><td>33b DATE THERECO</td><td>1960</td><td>23c. NAME OF CEME</td><td>TERY OR CI</td><td>Lem</td><td>+</td><td>23d 10CA</td><td>TON (City, town,</td><td>or county)</td><td></td><td>(State</td><td>12</td></tr><tr><th>1</th><td>24</td><td>FUNERAL DIRECTOR'S</td><td>SIGNATURE</td><td>Siseo</td><td>ADORESS</td><td>boli</td><td>mo.</td><td>25a. REC:</td><td>BY REGIS</td><td>'/</td><td>STRAR'S SIG</td><td></td><td></td><td></td></tr><tr><th>1</th><td>/</td><td>Joenson 1.</td><td>y. Very con</td><td>- UNIO</td><td>Serring.</td><td>-</td><td>116-0</td><td>DATE</td><td> 0 0</td><td>an</td><td>Thung &</td><td>Home</td><td>6</td><td></td></tr></tbody></table>	

TO HOSP. OR ATTENBING FHYSICEN: The law equient that the death certificate the exempted within 24 first death. Page 4 may be two and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

VR A1S (4) 1SM 9/59



ely filled in 1 the funeral director, Pages 1 and 2 shauld be filed with after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12130

CERTIFICATE OF DEATH

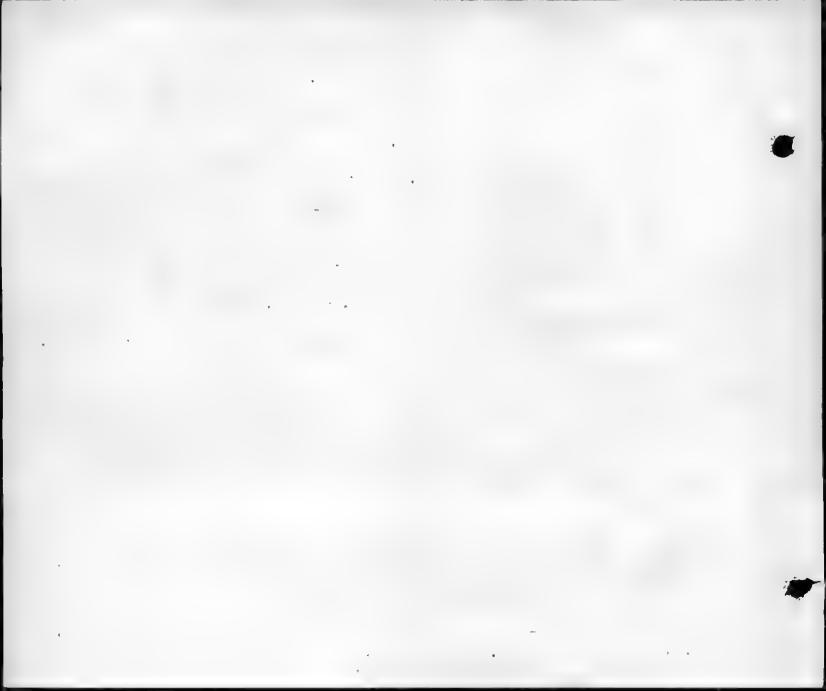
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Reg. Dist. No.

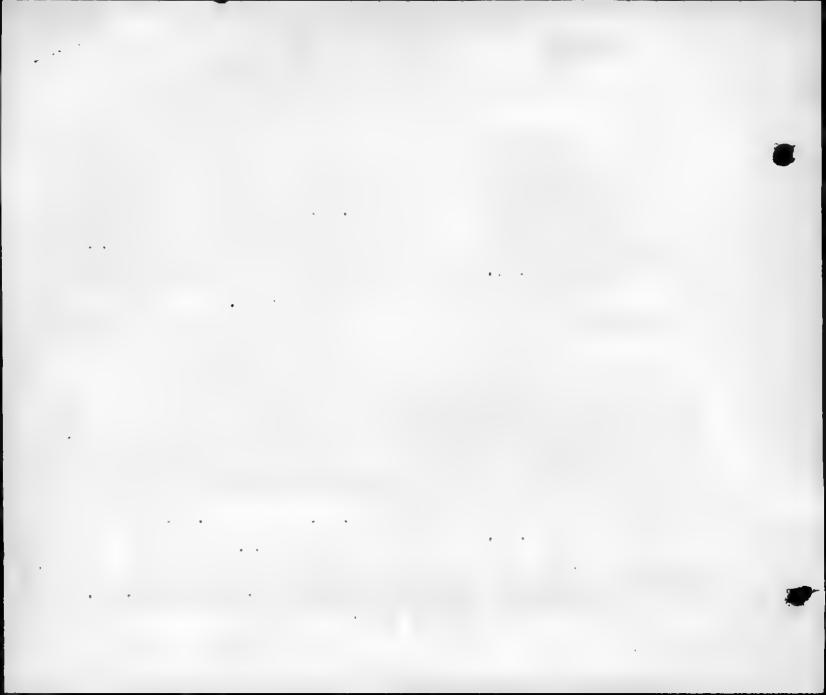
)	1. PLACE OF DEATH G. COUNTY Anne	Arundal		MAR	LAND	2. USUAL RES	DENCE (Wh	ere deceased	d lived. If in b. COI	JNTY	n: Residen			
		f autside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corpo	rote limits, w					
	Anno	nolis				O Ann	anoli	is (W	inche	st	er)			
	OR INSTITUTION	AL (If not in hospital, g				d STREET	ADDRESS						o IS RES	FARM?
The same	Anne	Arundel :	<u>Gene</u>	ral Hosp	t.	5 F	<u>liver</u>	iale	Drive				YES [NO. [
9	3. NAME OF DECEASED (Type or print)	Fin Jose	oh	Middle H .	F	isher'	st	4. DATE OF DEATH	Nove	Moni		18		Yeor 19 60
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲 8.	DATE OF BIRT	Н		9. AGE (In)		IF UNDER	1 YEAR	IF UNDI	ER 24 HRS
	Male		WIDOWE		-	galler for the Committee	1915		44	yrs	Monnis	Duys	110015	ANIO
	10a USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHP	LACE (State	or foreign co	ountry)		12. CIT			OUNTRY?
	Engine	er		hemical			ylan					USA		
	13. FATHER'S NAME					14. MOTHER'S			26.4					
		Joseph H					zabe	th An	ın Mat					
	15. WAS DECEASED EVER (Yes. no. or unknown)	R IN U. S. ARMED FORG If yes, give wor or dates of se		50CIAL SECURITY NO 7-07-379		ormant rs.Bet	ty C.	. Fis	her	Addre		bov	e	
		TH [Enter only one cou	use per lin	e for (a), (b), and (c).								INTE	RVAL 88	
		TH WAS CAUSED BY IMMEDIATE CAUSE (a)		oronary I	_	hoeta					/	ONS	D mi	
		DUE TO		3	144 V/4	00010							<u> </u>	
	Conditions, if or	ny, which) (b)												
ĺ	gave rise to in cause (a), stating i	nmediote (
	lying cause last	(c)												
	PART II. OTH	ER SIGNIFICANT CONE	OITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIVI	N IN PAR	T 1(a) 1	9 WAS	AUTOPSY RMED?
	CAT													NO 🎇
i	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY C	CCURRED	(Enter noture o	af inşury in P	art I or Por	t II of item Ti	3)				
		Y Manth, Day, Yea		UURY OCCURRED	20e PLAC	E OF INJURY	Home, form,	20f (Cily	ar town)		(County)		(Stote)
	Hour a.m.	19	White of work	Not while	10010	ry, sireel, offic	e blog , etc.	1						
	21. I certify th	at I aMended the	decedse	ed fram 195	7	, 19	. ta		. 19	60	hat I In	ist saw	v the d	lecensed
	alive on No	1	196			occurred at								
6		1	,	7 /	, /				treet, city or			, danc		E SIGNED
	ACTUAL SIGNATURE	man as	0	(ou	d M	D	Seve	rna F	ark,	Ma	<u>ryla</u>	nd	_11	-18-
	PHYSICIAN'S NAME (Type)	Francis	I.	Codd M.D	•									
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d LOCAT	TION (City, I	own, o	r county)		(Stot	(e)
	Burial	11-22-6	60	New Cati	redra	1	,	Bel	timor	13			d	
	3. FUNERAL DIRECTOR:	s signature 18 & Sons	Co.	4905 Yorl	c Rd		240 REC'E	2 1 '60	rrar 24b.		TRAR'S SI اگر اس			
					200	-	I WASTE							

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers Pages 1 am OR ATTENDED FIRM SICIAN: The law imagines that the dilath certificate be executed within 24 !! page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death TO HOSPI VS A15 (4) 15M 9/58



ofter death.



12117

14	132	CERTIFIC	AIL OF DEATH		Reg. Di	ist. No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE (WI			nce befare admissi	on)
anne a	rendel	MARYLAND	Maryla	nd b	COUNTY (1	. 11	
b. CITY OR TOWN (If outside RURAL and give nearest law Annapolis Mo	vn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	outside corporate lim	its, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (IF no		address)	d. STREET ADDRESS			e. IS RESI	DENCE
Homewood Nurs	Ling Home		Route 1	Box 455			FARM?
NAME OF DECEASED (Type or print)	First	Middle	alles-	4. DATE OF DEATH	Month	2.4	rear 1960
. SEX 6. COL	OR OR RACE 7. MARR	RED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		TYEAR IF UNDE	R 24 HRS.
bemale but	lute WIDOWI	DIVORCED 🗌	Feb 13, 18		78 yrs. Months	Days Hours	Min.
ov USUAL OCCUPATION (Give during most of working life,	even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY
Hous	sewife	own home	Ohio		U	SA	
3. FATHER'S NAME	0.11		14. MOTHER'S MAIDEN				
1	C Hoopes		Unk	nown			
S. WAS DECEASED EVER IN U. S	S. ARMED FORCES? 16, wor or dates of service)	L	INFORMANT		Address		
		ione Fr	ancis Glass	Jr Edgew	ater Md.		
18. CAUSE OF DEATH [Ent	ter only one cause per li	ne for (o), (b), and (c).]				INTERVAL BET	WEEN
PART I, DEATH WAS	CAUSED BY:	erchal th	contro			ONSET AND	DEATH
333 7	DUE TO		•				
Conditions, if any, which	ch) as	almes alered	! artino-	duni			
gove rise to immedia	te (
lying couse last.	(c)	4					
PART II. OTHER SIGN		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAP	RT 1(a) 19. WAS A	UTOPSY
PART II. OTHER SIGN	_					PERFO	RMED7
	RLYING [7] 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of it	em 16.)	1 163	110,42
206. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH						
20c. TIME OF INJURY Mont Hour o. m.		NJURY OCCURRED 20e. P	IACE OF INJURY (Home, form	20f. (City or town	n) (County)	(State)
Hour o.m.	While	Not while fo	actory, street, office bldg., etc	:.)		C00,,	faionch
p. m.	17 of wor		. 0 .	1 7 (7 1		
21. I certify that I at	tended the deceas		, 19 <u>3</u> 7, to 1	m- 26	, 19 <u>6</u> d,that I	last saw the	decease
alive on	26, 190	and that deat	h occurred at \$150/				
I	. 4 1		1 77	ADDRESS (Street, cit	y or lawn, stote)		TE SIGNE
ACTUAL AN	nty 1900	rusin	M.O. SCALL	uan,	ma	/بر-) >	-6.6
PHYSICIAN'S NAME (Type)	Emily H Wi	lson					
	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, tawn, ar county)	(State)
REMOVAL (Specify) Burial No	v 29, 1960	Ft Lincoln	Cemetery		ar Manor,	**	
3. FUNERAL DIRECTOR'S SIGNA		ADDRESS			24b. REGISTRAR'S SIG		
F Gasch's S	ons Hyatts	ville Md.	DATE N	OV 2 9 '60	Chilling &	P. Frank	

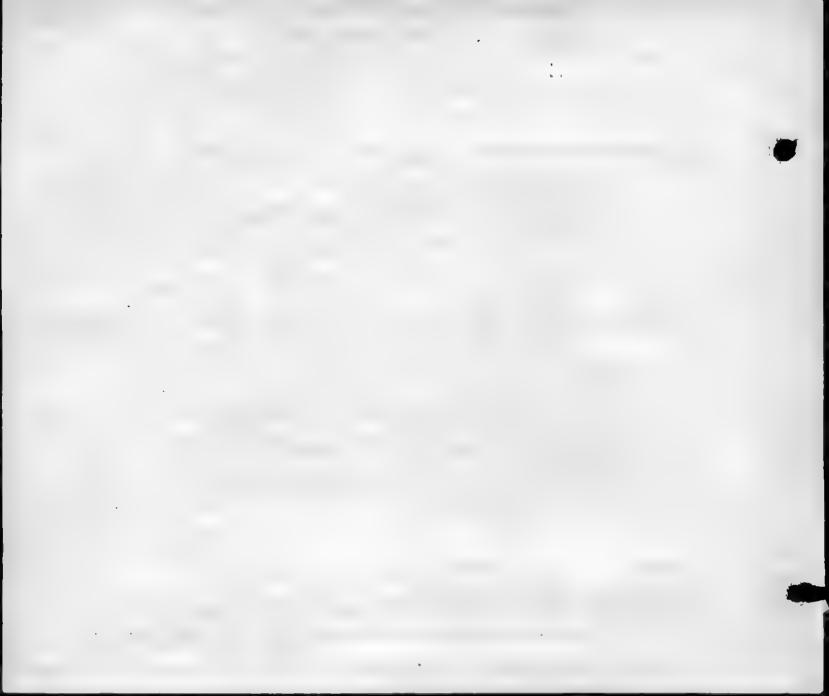
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having ofter death. Page 4. may be may be med by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director.

Page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/SS

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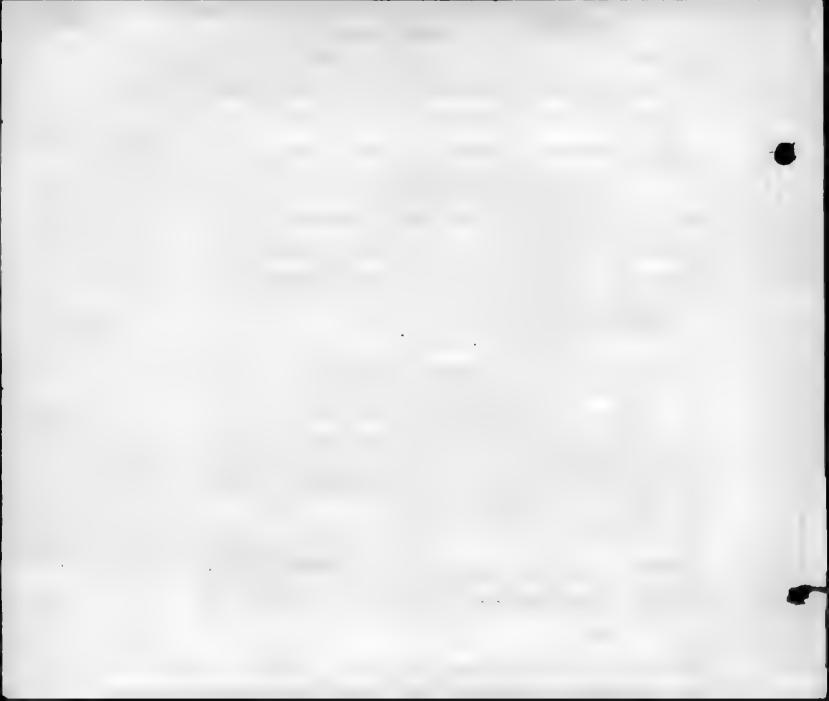


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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted by the funeral director,	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, age 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filted by the funeral director, age 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with a registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN; The law requires that the death certificate be exemuted within 21 hours after death; Tage 4

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b		Sici	ş	the registrar priar ta burial, cremation, ar removal, and in any event within 72 hours after
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v	5 /	115	್ತ್ರಿತ್ತ page 3 shauld be detoched for use as the burial-transit permit. Then please remove carl)
3	5M	9/	55	

FURAL and	HPOCK	corporate limits, w		OF STAY IN 3	c. CITY OR T	TOWN (If Sutside	corporate limits.	write RURAL or	d give nearest	town)
d. NAME OF HOR INSTITUTION 3. NAME OF DECEASED		in hospital, give t	tenat address t			99 // 11	10 E	170-		
DECEASED		how to	D.		d STREET A	DORESS I UE	RUIEL	U DR		RESIDENCE ON A FARM?
	(BET.	ty :	Middle HEA	HART	4. D		Month	Day	Yeor 1960
5. SEX	6. COL	111	MAKRIED NEV	ER MARRIED DIVORCED	B. DATE OF BIRTI	- 1898	9. AGE (1 last bir	thooy) Month	Doys H	UNDER 24 HR
10a. USUAL OCCL during/most o	working life,	kind of wark done every if retired)	106. KIND OF BL	ISINESS OR IN	DUSTRY 11, BIRTHPE	NEW	YORK	12.	CITIZEN OF W	HAT COUNTI
DAN	iEL	-7.	SHEA	7	Miren	MAIDEN NAME	Go	LDGE		
(Yes, no or unknown)		ARMED FORCEST		URITY NO. 17	S. DAL	E Sco	++	Address	2_	
	DEATH WAS	CAUSED BY: ATE CAUSE (o)), and (c).]	atosis				INTERVA ONSET	AL BETWEEN AND DEATH
gove rise	if any, which to immediate ting the under	DUE TO	carcinoma	of ce	cvix ; uter	• 4			7 7 y	rears
_) (c)	ONS CONTRIBUTH	IG TO DEATH	BUT NOT RELATED TO	THE TERMINAL D	SEASE CONDIT	ION GIVEN IN P	P	VAS AUTOPSY ERFORMED?
	T WAS UNDER TING CAUS OTIFY MEDICAL	EYING 206 E OF DEATH EXAMINER)	. DESCRIBE HOW	INJURY OCCU	RRED. (Enter noture a	f injury in Port 1	or Port II of item	38.)		
E Hour			20d. INJURY OCCI While Not w of work at wor	nile	PLACE OF INJURY (foctory, street, office	Home, form, 20f a bldg , etc.)	. (Cily or lown)		(Counly)	(Stote
	y that I at 1.1/8/60				oth accurred at	_12_N_M.	fram the co ES\$ (Street, city o	ouses and an or town, state)		
SIGNATURE_		2.0	2 mm	~ <u>∠</u>	M.DAITO.S				11/	11 /60-
NAME (Type)		orssuck,	M.D.				Lis, Md.			
REMOVAL IS		TATE THEREOF		OF CEMETER	Bhy 7	£ 710.	LOCATION (City	1 POLI	5	(Stote)
	TOR'S SIGNA		ADDR			24a. REC'D BY F		b. REGISTRAR'S		

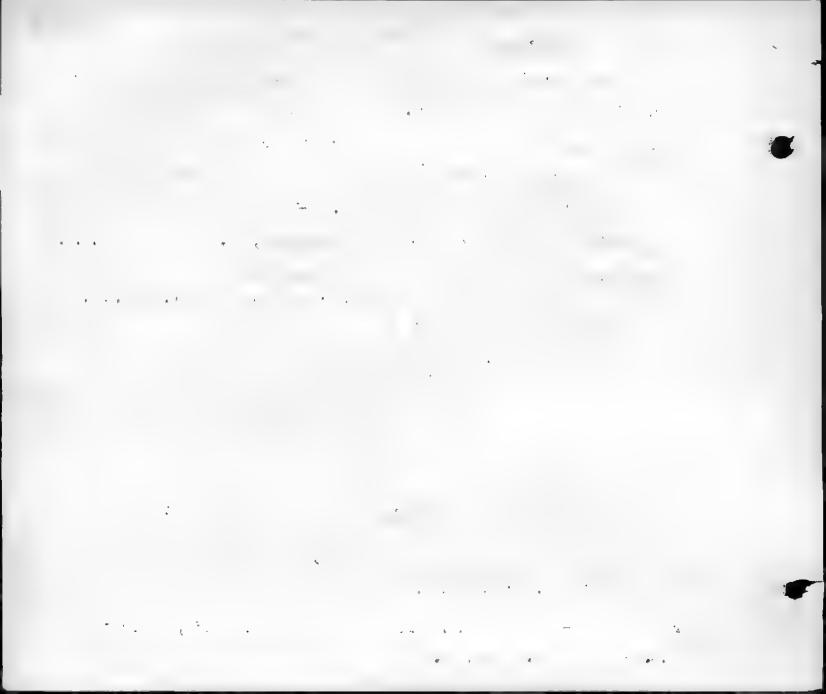


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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CERTIFICATE OF DEATH

12119

	12134	CERTITIC	AIL OI DEAI	••	Reg. Dist	. No.
PLACE OF DEATH					. If institution: Residence	e before odmission)
	Arundel	MARYLAND	o. STATE	ryland	b. COUNTY Anne	Arundel
b CITY OR TOWN (If outside	e corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate iii	mits, write RURAL and gr	ve hearest town)
Annapolis	wn)	6 yrs.	Annapolis			
d. NAME OF HOSPITAL (IF no	ot in hospital, give stree		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1951 Drew St	<u>reet</u>		1951 Dre	Street		YES NO K
NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Month	Day Year
(Type or print)	Mary F	rancis Has	te	DEATH	November	24 19 60
SEX 6 CO	LOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9 AG	Land Committee of the C	YEAR IF UNDER 24 HR
B	C WIDON	WED DIVORCED	Jan. 20-190		58 yrs. Months	Doys Hours Min.
Do USUAL OCCUPATION (Give during most of working life,	e kind of work done 10	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	te or foreign country)	12.CITIZ	EN OF WHAT COUNTRY
Domestic	aven ii raineoj	49 123 669	Annapol	is. Md.		U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN		,	
Thomas Kimble			Katie	Brown		
WAS DECEASED EVER IN U		SOCIAL SECURITY NO.	INFORMANT	D.Z. O **** #	Address	
Yes, no. of unknown) (If yes, gr	ve war or dates of service)	Unknown	Marion Gunn -	· 1951 Dre	w St. Anna.	Md.
18. CAUSE OF DEATH [En	ler only one couse per	line libr (o), (b) and (c).	0			INTERVAL BETWEEN
PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (a)	Drorahogh	w ba.			ONSET AND DEATH
1711	DUE TO	0	2		()	
Conditions, if ony, who	ich)	60 1 to	ourse			lus
gove rise to immedia	ole (Dus TO	. 5	p4 - 1-			1.141
lying couse lost.	IBF-					,
	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT PELATED TO THE TER	MINAL D SEASE CON	DITION G VEN IN PART	1(o) 19 WAS AUTOPS
5		2041110011110	THO RELATED TO THE TEN	THE STATE CON	D11014 O 7 E)4 (141 A&1	PERFORMED? YES NO
PART II. OTHER SIGN 200 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH I	SCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury i	n Post 1 or Port 11 of	item 18.)	
20c. TIME OF INJURY Mon Hour b. m.	·		LACE OF INJURY (Home, fo		wn) (Co	ounty) (Stote
Hour e.m.	19 While	ork O work	actory, street, office bldg , e	arc.)		
		11102	1060 4	11/25	20/00/2011	A Al
	1//2 <	/ x				
gilve an	1-f.stf; 17	and that deat	h accurred at			date stated above
ACTUAL SIGNATURE	elm 4. 5	from her	M.D. 37 Cal	VEPTS	L. Ama	00 L15 mo
PHYSICIAN'S Theode	re H. John	son, M. D.			/	
20 BURIAL, CREMATION, 226	DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town or county)	(Stote)
REMOVAL (Specify)	1-28-60					
		ADDRESS	240 RF	C'D BY REGISTRAR	24b. REGISTRAR'S SIGI	
		is Md.	- I	EC 5 '60	Call and all	
PHYSICIAN'S Theode Physician's Theode Physician's Theode Physician's Theode Physician's Theode Physician's Theode	In H. John. DATE THEREOF 1-28-60 ATURE	son, M. D. 22c NAME OF CEMETERY U.S.National	240 RF	ADDRESS (Street, of VSE) 22d. LOCATION (Annapol C'O BY REGISTRAR	City, fown or county) 12. Marylan 24b. REGISTRAR'S SIGN	date stated of DATE PD 215, (Stote) (Stote) Ad



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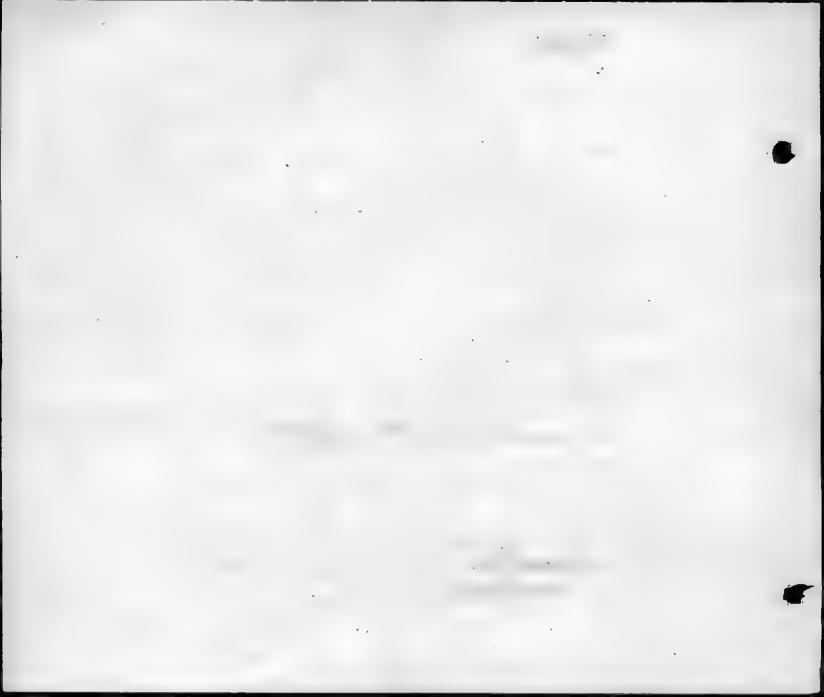
		L SIMIISHOWE KESEMKOU MIIN	KECOKD	3 - DALII
21	68	CERTIFICATE	OF I	DEATH

1	<	COUNTY A	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE	b. COUNTY
	C	b. CITY OR TOWN (If autside corporate liming RURAL and give nearest fown) ROW IVS VILLE	2mo, 22 days	Butlertown	11 mits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (IF not in hospital, of OR INSTITUTION STATE +	TOSPITAL, VILLE, Md	d*STREET ADDRESS	VES NO DE
	(NAME OF DECEASED (Type or print)	Middle A	SBURY 4. DATE OF DEATH	Month C 196-
	5. S	SEX M 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9 2 - 1873	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In under 24 HRS
	10a.	USUAL OCCUPATION (Give kind of work during most of working fife, even if refred	done 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slate or foreign count	
/	13.	FATHERS NAME Richardy	Heary Asbury	a atherine	Last nouse unknown
\	Yms	WAS DECEASED EVER IN U. S. ARMED FOR		Medical Re	Address (* c+el)
	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the under- lying couse last	DATE OF THE PROPERTY OF THE PR	D. (Enter nature of injury in Pari I or Pari II) ACE OF INJURY (Hame, form, tarry, street, affice bldg., etc.) 20f. (City or ctary, street, affice bldg., etc.)	ONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO O
/		saw the deceased alive an	ST. I	ATTENDING MED	causes and an the date stated above. 22b DATE SIGNED
	4	BURIAL, CREMATION, 236 DATE THEREC	60 Cheslale	um the	N (CIVITA OF BUNTY) See Cotton Just
	7	FUNERAL GRECTORS SIGNATURE	322 ADORESS 2 Selver So	DATE HOV PO 160	

TO HOSPI OR ATTENDING MAYSICIAM: The law requirements that the death certificate be executed within 24 havis after death. Page 4 may be somed by the haspital or attending physicion.

TO REMERRIL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any executivitin 72 hours after death

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12169 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) RURAL and give negrest lawn pluode d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? MARY BUENUE YES NO A NAME OF 4. DATE Middle Year DECEASED NOV (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED THEYER MARRIED 9. AGE (In years last birthday) B DATE OF BIRTH Months WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. CONDUCTOR carbon 13 FATHER'S NAME LAURA STEVENS 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO Address MRS. MOLLY HOFFMAN SAME 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HROMBOSIS WIERKS ARTERIOSCLEROTICE ARDIO VASCULAR DISEASE Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of unjury in Part I or Part II of item 18.)

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month Hour a.m.

Day, Year 20d. INJURY OCCURRED Not while at work at work

20e. PLACE OF INJURY (Hame, form, 20f (City or town) factory, street, affice bldg., etc.)

(County)

(State)

21. I certify that I attended the deceased fram.

ACTUAL SIGNATURE

, and that death accurred at 2:12 M, from the causes and an the date stated above.

NOU. 1 1960 to 11/00 16 1960 that I last saw the deceased

DATE SIGNED

NAME (Type)

220. BURIAL ERPMATION.

27c NAME OF CEMETERY OR CREMATORY

22d LOCATION (City.

23) FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

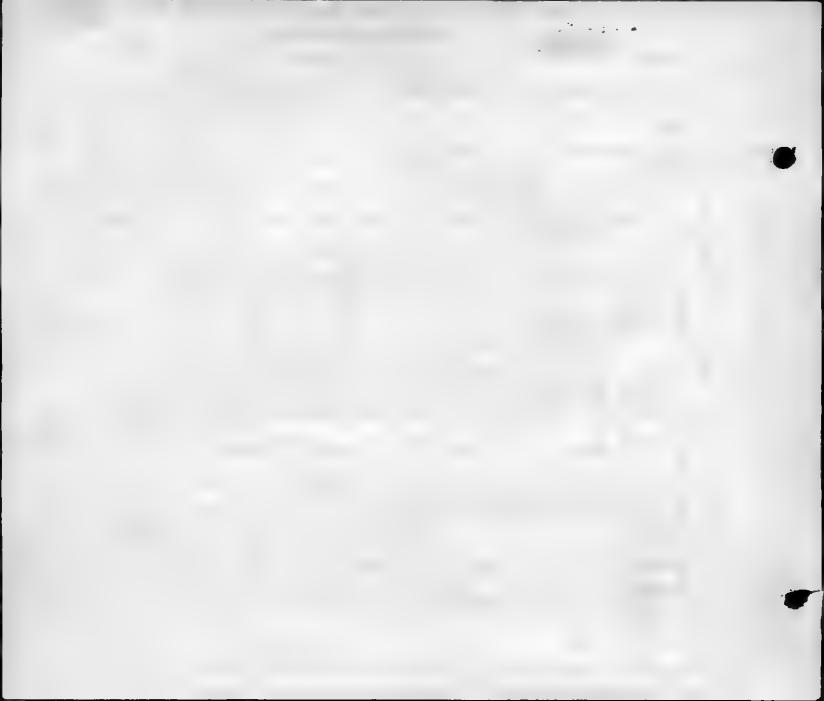
24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE (withing of Thomas

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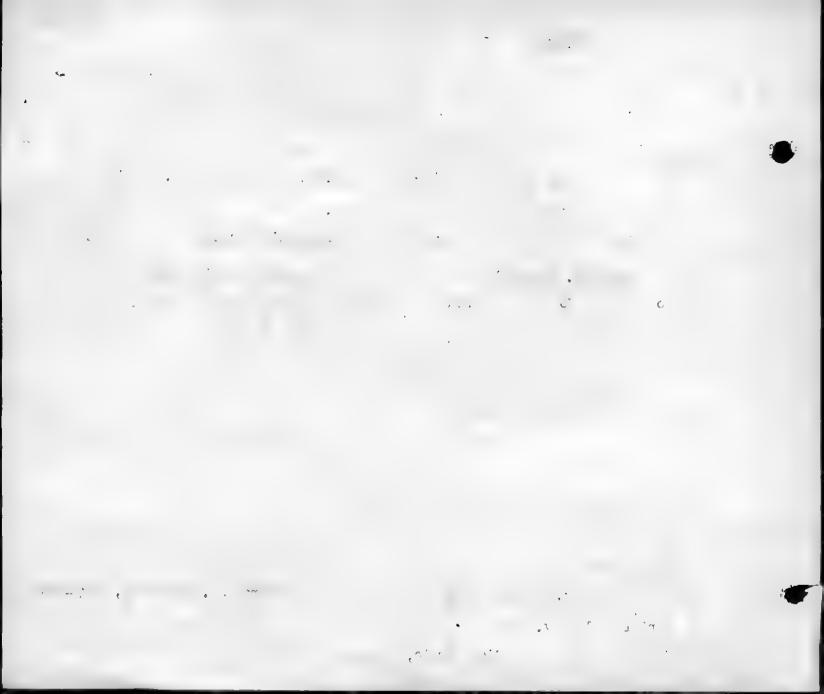
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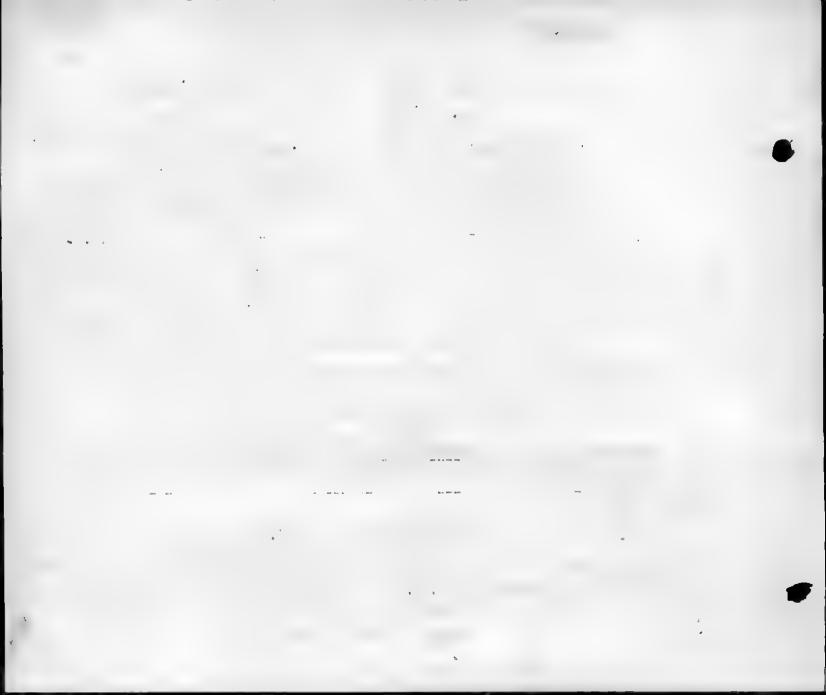
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4	04	DIVISION	OF STATISTICAL	RESEARCH ANI	RECORDS -	- BALTIMORE 1,	MARYLAND
l	21	70	OF STATISTICAL CE	RTIFICAT	F OF DE	ΔΤΗ	
_					_ ~! ~ _!		

		CERTIFICATI	E OI BEAIII							
1	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland							
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Crownsville	tite c LENGTH OF STAY IN 16 1 year 2mo. 15 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Crownsville State Ho	L (If not in hospital, give street oddress) d. STREET ADDRESS								
H										
3	NAME OF DECEASED (Type or print) Willi	am Geter	Jackson	4. DATE Mondon DEATH 1.	1 19 1960					
5	35-7	Unkhown	August 27, 18	9. AGE (In years lost birthdoy) 84 yrs	Months Days Hours Min					
10	g. USUA, OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	during most of working life, even if retired) Unknown	Vir	U.S.A.							
\prod_{i}	, FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
/ -	Unknown		Unknown							
1;	. WAS DECEASED EVER IN U. S. ARMED FORCES?		FORMANT	Addr	ress					
Ľ	(If yes, give war or dotes of service)	Unknown	Hospital Reco	rds						
Н		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Tubercolosis									
	DUE TO									
Н	Senility and Cachexia									
Н	gove rise to immediate	Qoya rise to immediate								
П	couse (a), stating the under-									
١,	lying couse lost, (c)									
CEBTIES ATION	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIT	VAL DISEASE CONDITION GIV	PERFORMED? YES NO T					
MARO CAN										
	2) I certify that (I) (this transital) attended the deceased from 9/4159 , to 11/1919 60 that (I) (we) lost									
	saw the deceased alive on	19 19 60 and that de	eath occurred at P	M, from the couses on	d on the date stated above					
	220. SIGNATURE 270 DATE STAFF SIGNED									
	22c. PHYSICIAN'S NAME (Type) I jone Molyman Model D									
	Name (1990) Lionel McHenr	y Mapp, M. D.	Crownsvill	e State Hospit	tal, Maryland					
2	Ba BURIAL, CREMAT ON, 236. DATE THEREOF	23c THAME OF CONCTENT OR	-CREMATORY,	23d. LOCATION (City, town,	or county) (Stote)					
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'E	BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE					
	Welling Road	10 ann m	ON DATEDU	2 9 '60						
E	- LANGER HER			Corri	of Toward					

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Page 4 may be and by the hospital or attending physician.

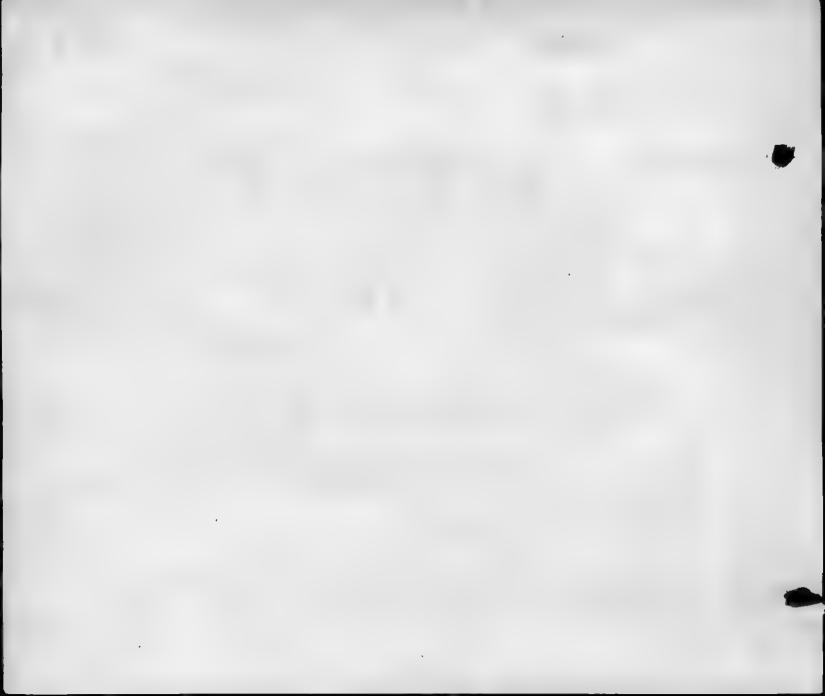
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled any the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find with the State Board of Health priar to burial, crematian, ar remarkal, and in any event, within 72 hours after death. 77-

VR A15 (4) 1SM 9/59



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH EDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) is nec.
director. Parvour files.
Alealth, a COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (Now side corporate I muts, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and (ONDON YES NO NAME OF DECEASED (Typa or print) DEBTH 5 SEX AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) WIDOWED DIVORCED | 10a, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) UNEMPLOYED Pages 1 13. FATHER'S NAME 9 S. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) Thenesa 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) luration Vendo Conditions, if env. which geva rise to immediate cause DUE TO (a), stelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 * 19. WAS ALTOPSY PERFORMED TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING aule accordant - Kante Pedestrian 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., (City or lown, 20c. TIME OF INJURY (County, fectory, street, office bldg., etc.) While Not While at work at work 0 th 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion Accident X death resulted from: Natoral causes Suicide Homicide Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Typa) Address (Sireet, city, lown, or county) Ta. BURIAL, CREMATION ! 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spec fy) ARLINGTON NAT ₽40 p 6 100 BURIAL 24e REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur S. Hraya

MARYLAND STATE DEPARTMENT OF HEALTH

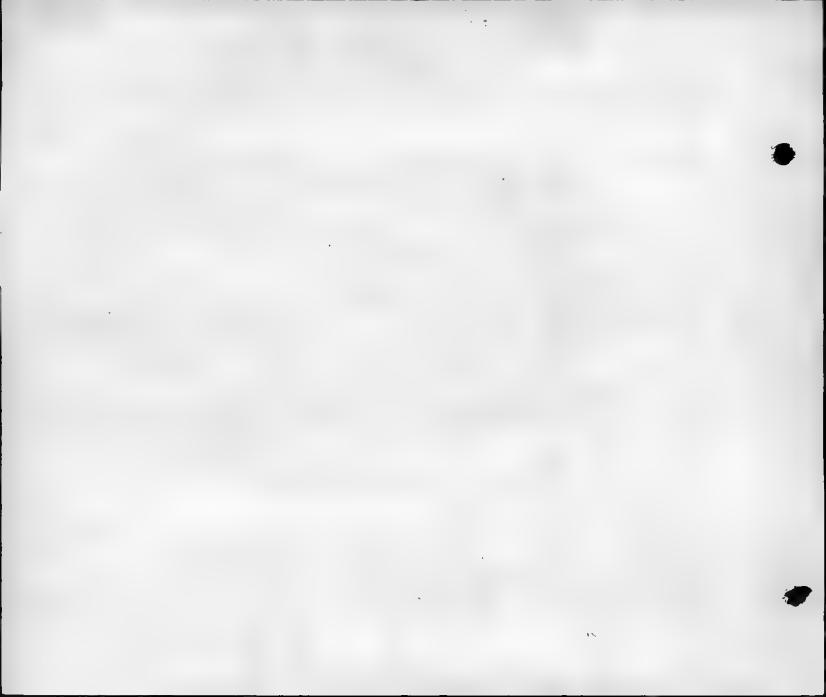


-1-		Reg. Dist. 140.						
1.	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (W. o. STATE MARYLAND	here deceased lived. If institution. Residence before admission) b. COUNTY						
1	RORAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
_	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	O 4 S IS RESIDENCE ON A FARM? YES NO						
3.	3. NAME OF DECEASED (Type or print) ANDREW TOHNSON	4. DATE Month Day Year OF DEATH 77/7-, 27 1960						
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED 7. MARRIED DIVORCED DIVORCED DIVORCED	9 AGE (In years last birthday) Months Days Hours Min						
16	10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State during most of working life; even if retired) Tacker also Fractive State Employee Decree L	or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
na na	13. FATHER'S NAME	NAME ?						
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes no. or proprious] REVIEW OF STREET OF SERVICES THE SECURITY NO. 17. INFORMANT Ettiel 3. Mile.	Thinker - Barrillan Zuch						
	PART 1, DEATH WAS CAUSED BY: PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heart Disease Interval Between ONSET AND DEATH						
	Conditions, if any, which) (b)							
	gove rise to immediate cause (a), stating the under: tying cause last. (c)							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTR	INAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
		Part I at Part II of item 18.)						
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work at work	n, 20f. (City or tawn) (Caunty) (State)						
	21. I certify that I attended the deceased fram 11/2, 1960, to 1/2, 1960, that I last saw the deceased alive an 11/2, and that death occurred at 6/4M, fram the causes and on the date stated above.							
	ACTUAL Samuel Rubin, 203 (Street, city or lown, state) DATE SIGNED ACTUAL M.D. 203 (Sataface Cr. 9.							
	PHYSICIAN'S SAMUEL RUBLA	1/27/66						
	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY REMOVAL (Speedy) RELIGIOUS PARTIES OF CHARLES OF CHARLE	22d. LOCATION (City, town, or county) (Stole) (Stole)						
23	address fine - hutual, hed DANEOV	D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 2 9 '60 Circles & House						

TO HOSP! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremotion, or removal, and in any evgpt-within 72 hours ofter death.

VS A15 (4) ISM 9/58



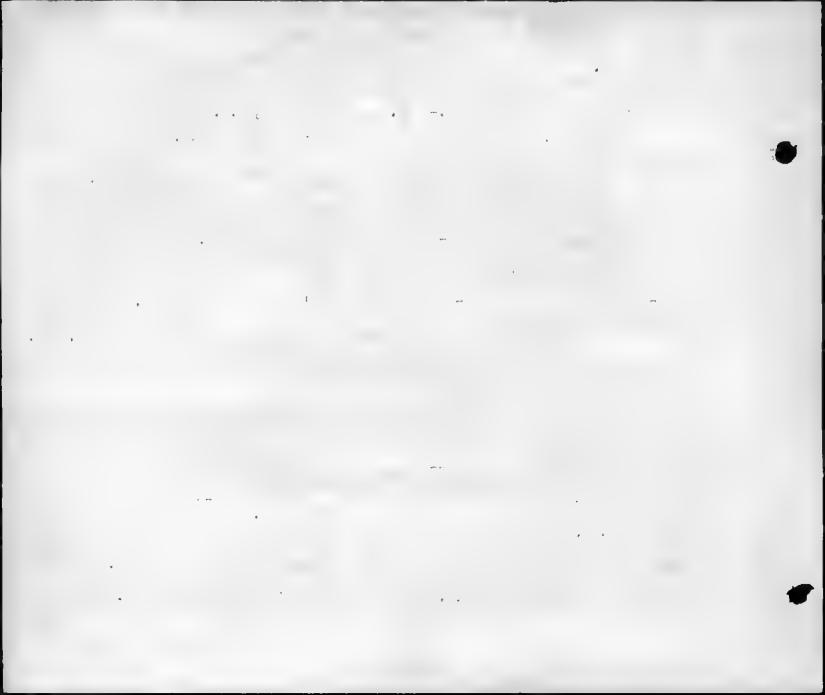
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12172

CERTIFICATE OF DEATH

			451(11110)		OI DEAI				Reg. Dis	t. No.	
1. PLACE OF DEATH				2	USUAL RESIDENCE (V	Vhere dec	eased live			a before odm	sission)
Anı	ne Arundel		MARYLAND		s STATE			b. COUNTY			bi
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside o	orporote	limits, write R	URAL ond g	ive nearest to	wn)
	urel		2 yrh mo.		Washingt	ton.	D.C.	,	4	7x.	mach.
d. NAME OF HOS OR INSTITUTIO	District Tra	itti	ig"School		d. STREET ADDRESS					e IS R	ESIDENCE LA FARM?
	Children's C				913 - 51	en St	reet	S.E.			NO D
3 NAME OF DECEASED	First		Middle		lost	4. DA		Mon	ıth	Day	Year
(Type or print)	Thoma	S	Ezell		Johnson	OF DE	ATH	No	vembe	r 2.	19.60
5. SEX	6. COLOR OR RACE	MARR	HED NEVER MARRIED	B D/	TE OF BIRTH		9. /	GE IIn years	IF UNDER	TYEAR IF UN	-
male	1 -1 - 0 - 1	VIDOWE		2	/18/42		{ 8	ost birthday) yrs.	Months	Doys Hour	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work do orking life, even if retired)	ne 10b.	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Stol	e or forei	gn countr	yl	12. CITI.	ZEN OF WHA	AT COUNTR
Institution					Washir	ngton	, D.	C.	I	JSA	
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME			1		
Char	rles Newell J	ghns	son		Mary Al	lice	Jone	S			
15. WAS DECEASEDE	VER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17		MANT			Add			
			vs 40	Ch	ildren's C	len te	r, L	aurel,	Md.		
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]									INTERVAL	BETWEEN	
PART I. DEATH WAS CAUSED BY: Aspiration pnermonitis (repeated episodes)						des)	ONSET AN	Limos.			
320	DUE TO										
Conditions, if	Conditions, if ony, which) (b) Spastic quadriplegia										
gove rise to immediate PUS TO									-		
	lying cause lost. Montal retardation										
PART II. C	THER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERM	MINAL DI	EASE CO	NDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
Convulsive disorder								FORMED?			
PART II. C			CRIBE HOW INJURY OCCURRE	D. (En	ter nature of injury in	Port I or	Port II o	f item 18)			<u> </u>
	FY MEDICAL EXAMINER		40.40								
20c. TIME OF INJU		20d. IN		ACE (F INJURY (Home, for	m, 20f	(City or t	own)	(Co	ounty)	(State)
Hour o, m	10	While of work		стогу,	street, office bldg., et	tc.)					
	21. I certify that I attended the deceased from June 6, 1958, to Nov. 2, 1960, that I last saw the decease										
alive on_N		1960	CO 11 OIII		urred at 5:00			17	Inar I Id	ast saw the	e decease
dive on	A	0	, and mar deam	dec	orred of STITUTE			city or lown,			ited abav Date signe
ACTUAL	James &	13	uland		Children					4	4 -
SIGNATURE	Avenus C.		The state of the s	M.D.			-11001	Janua	02, 11		-/ 00
PHYSICIAN'S NAME (Type)	James E. Boy	land	1. M.D.		Children	Is Ca	nter	. Laur	el.Md.	. 11/	2/60
	ION. 226. DATE THEREOF		22c NAME OF CEMETERY O	R CRE				(Çıty, fown, e			
KEMOVAL (Specif	M 11/8/	60	Erlington	9	ational	0 6		1220	4	(311	7/35
23. FUNERAL DIRECTO	OR'S SIGNATURE	V 6"	ADDRESS ()	-/-		'D BY RE		1	STRAR'S SIGI	NATURE	1 mg m
Hollow	an Frenera	PK	tome 90	9 -	- 6 81 DATE	NOV 7			Inthun &		
		h. d. f						1			

TO HOSP COR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hz. s after death. Page 4 may be 72 ained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled m.c.y the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



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as the burial-transit

page 3 should be detached for

after death the funeral by the runer or d 2 should be f

requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12127

12137	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.				
PLACE OF DEATH o. COUNTY Anne Arunde	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived IF institute b, COUNTY	Anne Aru				
b CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Annarolis	write c LENGTH OF STAY IN 16	CITY OR TOWN (IF or	URAL and give neares	t town)				
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital d STREET ADDRESS A04 Clay Street								
NAME OF DECEASED (Type or print) Florence	Crain Hopki	ins Jones	4. DATE Mon OF DEATH NOV.	16	Year 19 60			
40200	IDOWED DIVORCED	B DATE OF BIRTH July 14 - 18			lours Min			
0a. USLAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUS	A.A.CO. M	U .S .A .					
3. FATHER'S NAME Sam Jones		Isabel Hi	AME 1lary					
5. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, no, or Laterdwe) (If yes, give war or dates of servi	cel .	nformant Inie Thomas-10	Add					
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]	per line for (o), (b), and (c).	Hear /	-arlund		AL BETWEEN AND DEATH			
Conditions, if any, which) (b) to Order sclarted by entensing Cardio								
gove rise to immediate couse (a), stating the under-lying couse lost.	las enlaid d	has and que	all it					
Part II OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TENNIN	NAL D SEASE CONDITION GIV	EN IN PART 1(0) 19	WAS AUTOPSY PERFORMED?			

MEDICAL

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p. m.

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Year 20d INJURY OCCURRED o. m. While

Not white of work of work

PLACE OF INJURY (Home, form, factory, street, office bldg, etc.)

20f. (City or town)

(County)

(Stote)

NO 🗌

21. I certify that I attended the deceased fram

that death accurred at 13017 M, from the causes and on the date stated above

ACTUAL PHYSICIAN'S NAME (Type)

R.L.Richardson

110 Clay Street Annapolis, Maryland

220. BUR AL, CREMATION, | 22b. DATE THEREOF REMOVAL (Specify)

22c NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

(State)

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

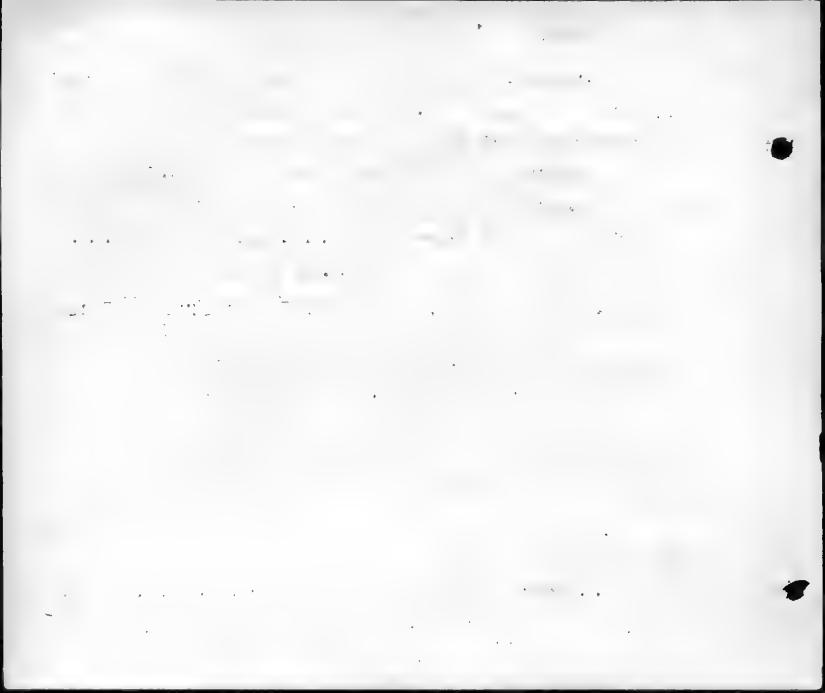
REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE Thur & Knows

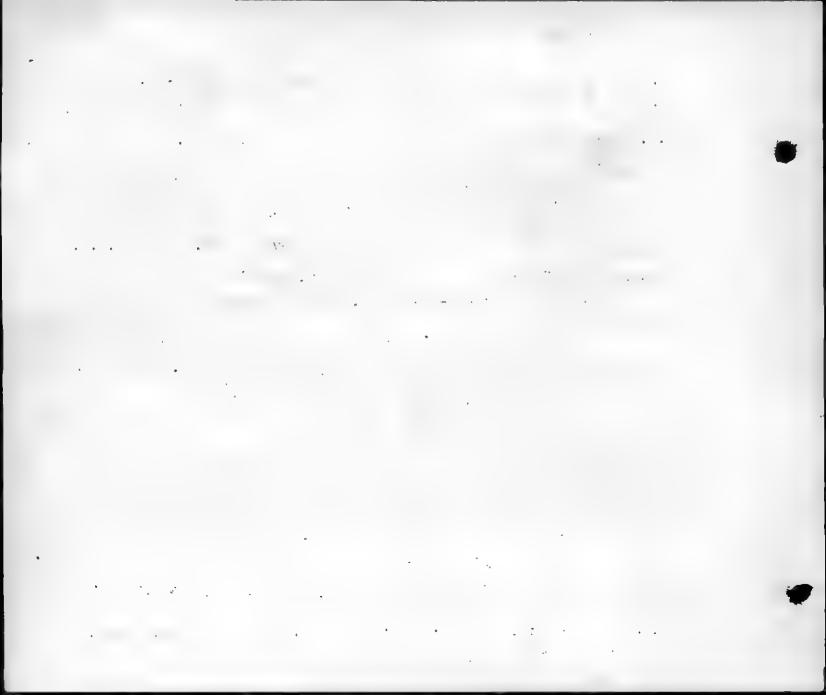
may be refoined by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by 15M 9/5B

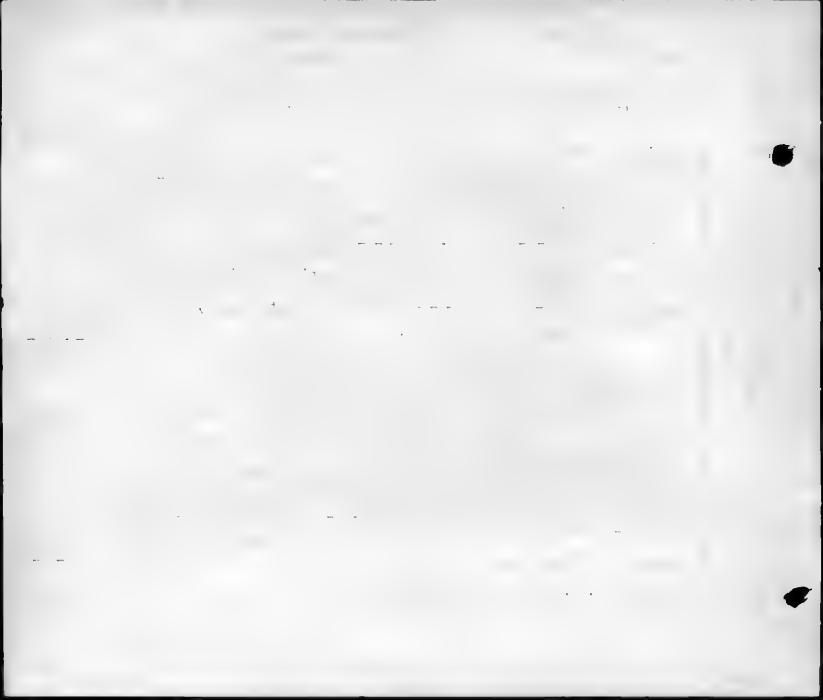
VS A15 (4)



1SM 9/SB



requires that



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH seeth. If ar ay is necessary of 3 to the turneral director. Page and be retained for your files. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b, COUNTY Arne lrund MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) TELU EL. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3: 4 YES NO IX NAME OF Last 4. DATE DECEASED (Type or print) DEATH Movember 24th. 1960 Marvince ¥.j¥ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 9. AGE (In yours | IF UNDER I YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 2 with s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours last birthday) WIDOWED F thin 24 hours after Give Pages 1, 2, xm PM3. Page 5 TOa. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Steta or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Poltimore, MA. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Evelynn Kane 문항 Daymond Mess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address along with for transit formit. I (Yes, no, or unknown) i (Ifves giva war or dates of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: scrite Tulmourry In-IMMEDIATE CAUSE (a) DUE TO Conditions, Illany, which geve rise to immediate cause DUE TO (a), stating the underlying PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part II of Part II of Item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) While Not While at work Hour a.m. OR: forwarded to fi 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry T and in my opinion sase execute the cartifical should be forwarded to Natural causes TV, Accident Surcide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL FUNERAL D ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. 11/24/660 DEPLITY MEDICAL EXAMINER EXAMINER'S Gustav. NAME (Type) Address (Street, city, lown, or county) 1 226. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, town, or country) (State) 228. BURIAL, CREMATION, 226. DATE THEREOF 40 6 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NOV 2 8 '60 VS. A15ME arthur S. Kenns

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Remote 10 16 16 11. J. non St Got both. motestin - inde

2s ofter death: Page 4

OR ATTENDING PHYBICIAN: The low require that the death certificate be executed within 24

V\$ A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12131

12174

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH O. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 27	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3325 Hollins Jezzy Pd.	Baltimore 27 1 d STREET ADDRESS 1 33 7 L dollar Terrey 1 d. o. 15 RESIDENCE ON A FARMO YES NO D
3. NAME OF DECEASED (Type or print) FIALITY LIKE I/E Middle IN	N 1/E X DATE Month Day Year DEATH 11 28 60 19
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In/years IF UNDER 1 YEAR IF UNDER 24 HRS In Under 24 H
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if-retired)	USTRY 11. BIRTHPLACE (State or) foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME, Latter of tEs.	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Ves. no. optunihoown) (If yes. give war or dates of service)	INFORMANT Address
18 CAUSE OF DEATH [Enter only one couse per line for (o) (5) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the <u>under-lying cause lost.</u> [b] DUE TO [c]	ts Desease Street on Set Alberta Set Ween ONSET AND DEATHS
CAI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	ED (Enter nature of injury in Part & or Part III of item 18)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while of work of work of work of the state of work of the state of the s	LACE OF INJURY (Home, farm, 201 (City or town) (County) (Slote) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 001 alive an 1960, and that death	h accurred at 4 MM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
SIGNATURE TOURSCHUMFERS	MD. 2301 annaples 1
PHYSICIAN'S PAUL SCHWfold	Bottenose Md 1/29/60
220 BURIAL CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY · 22d LOCATION (City, town-of county) · (State)
23. FUNERAL DIRECTOR'S SIGNATURE -ADDRESS 7	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 0 160 Cultury 2. Triand



ofter deoth.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A1S (4) 15M II/59

Novas

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

0 40

Then please remove carban papers. Pages 1 and 2 should be lized with and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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1	2	土	U	0

	16140	CERTIFICA	TE OF DEATH						
)	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryla)	re deceased lived. If institution: Res	idence before admission) ne Arundel				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress town) Annapolis	c. LENGTH OF STAY IN 1b	A .	tside corporate limits, write RURAL o - Annapolis	and give nearest tawn)				
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Anne Arundel General Hospi		d. STREET ADDRESS	is Roads	e IS RESIDENCE ON A FARM? YES NO Y				
	3. NAME OF First	Middle		4. DATE Month	Day Year				
	(Type or print) Joanna	Mary	KNIPP	OF November	10 1960				
	S SEX 6 COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	DER 1 YEAR IF UNDER 24 HRS.				
	Female White WIDOV		Nov. 9, 1960	yrs.	4 10				
	10a. JSUAL OCCUPATION (Give kind af work dane 10b during most of warking life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State o	r foreign country) 12	CITIZEN OF WHAT COUNTRY?				
_	. 120ne	mone	Marylar		U.S.				
,	Stanban Changel VAITED		14. MOTHER'S MAIDEN NA						
	Stephen Shepard KNIPP hs. was deceased ever in u. s. armed forces? 16	S. SOCIAL SECURITY NO. 17. IN	Marion Ella	zabeth HAZEBROEK					
_	(Yes, no, or unknown) (If yes, gue war or dates of service)		Hospital red	cords.					
	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]		1	INTERVAL BETWEEN				
	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DIAPHRAGMAN AFROM KAY - Congunity ONSET AND DEATH								
	560. H. DUE TO								
	Conditions if any, which) (b) Hypo plasia - left long - conger, tol								
	gove rise to immediate DUE TO	11/	//	7					
	lying cause lost. (c)								
	PART IF OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN	PERFORMED?				
	3				YES X NO				
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	J. (Enter noture of injury in Po	or for for il of item (B)					
	Haur a.m. While	f	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City ar town)	(County) (State)				
	21 I certify that (I) (I) (I) (I) (II) (II) (II) (III) (III)	nded the deceased fram	Nov. 9. 19.6	10 .ta Nov . 9 1	9_60, that (I) (Ne) last				
	saw the deceased aliveren Nov . 9	60	eath accurred at	M, from the couses and an					
	220 SIGNATURE Think	Durin	ATTENDING MEI		225 DATE STCKED				
	22c. PHYSICIAN'S NAME (Type) Philip Brisco	e	95 Cathedra	al St., Annapolis	Md.				
	23a BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) 21151 all Thorongy	23c. NAME OF CEMETERY OF	R CREMATORY	23d LOCAT ON (City, town, or cour	(State)				
	24 FUNERAL DIRECTOR'S SIGNATURE John Mr. Sayler Sim	and ADDRESS apol	o MCH 25a. REC'D	OV 1 4 60 256 REGISTRAR	SSIGNATURE				
	7								



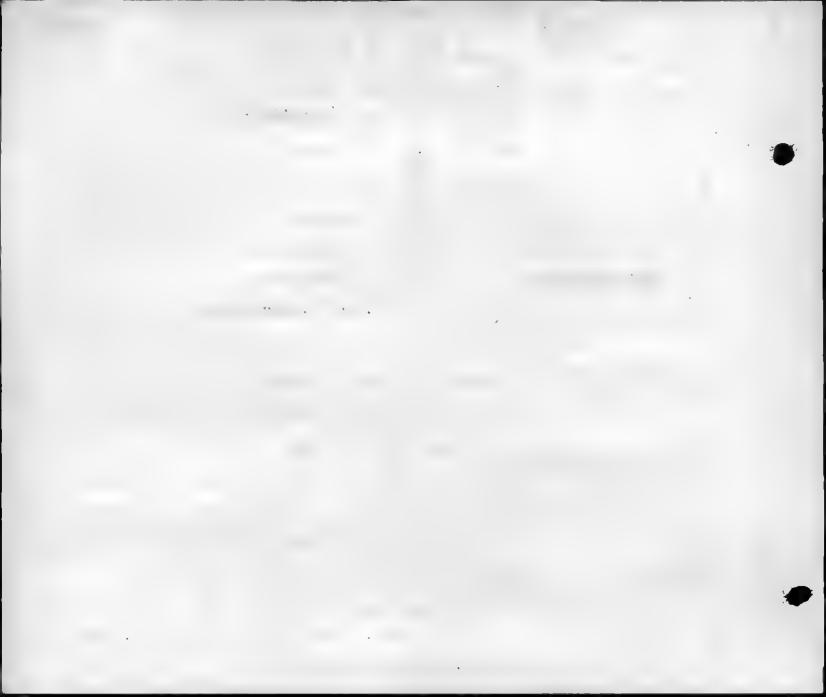
TO HOSP!

VS A15 (4) 15M 10/57

12133

CERTIFICATE OF DEATH

			R	eg. Dist. No.
1. PLACE OF DEATH g COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution	Residence before admission)
ANNE ARUNDEL	MARYLAND	o. STATE	b. COUNTY	NAIZ ADUNDEL
b. CITY OR TOWN (If outside carporate timits, write c.	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	Iside corporate limits, write RURA	AL and give nearest town)
RURAL ond give nearest town)	2 YRS.	YARNOL	D_{-}	
d. NAME OF HOSPITAL (If not in hospital, given) referred or INSTITUTION. BUENA VISTA AR	NOL D	BUENA V	ISTA AME.	e. IS RESIDENCE ON A FARM? YES NO P
3 NAME OF DECEASED (Type or print) EMMA	Middle 5.	AWRENCE	4. DATE Month OF DEATH	Doy Yeor 8 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
H WIDOWED		MARCH 5, 18	3.yrs	ionihs Doys Hours Min
 USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	in a man	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	10RZ- 111D.	424
Henry Derrenberger		Anna Herb		
15, WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC	IAL SECURITY NO 17. I	NFORMANT	Address	AU
[Yes, no, or unknown] [If yes, give wor or dates of service)	M	r. John C. Der	renberger, B	UENA VISTA
18. CAUSE OF DEATH [Enter only one couse per line fo	r (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	UTE DULA	YONAKY IF BO	EMA	ONSET AND DEATH
Add DUE TO				
Conditions, if ony, which) (b) Col	V GESTIUS	- HEART	FAILURE	5 YEAR
gave rise to immediate DUE TO	,		,	
lying couse last. (c) ARTG	-RIUSC/ ER	OTIC CARDI	OUBSCHIAR D	15CA3C- 20 YEA.
PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY
CAT				PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION O	HOW INJURY OCCURRE	D. (Enter nature of injury in Po	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f. (City or town)	(County) (Stole)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour 6. m. p. m. 19 of work		clory, street, affice bldg., etc.)		
21. I certify that I attended the deceased t	ram //-/	19.60 to /	1-8 19601	hat I last saw the deceased
alive an //- 8 , 19 6 C	, and that death	accurred at & A	M. fram the causes and	an the date stated above.
0011	,	A	DORESS (Street, city or town, stol	e) DATE SIGNED
SIGNATURE . J. Jenn		M.D. RITCHI	Z- HiGHL	IAY
PHYSICIAN'S J. P. YU.	<u> </u>	SZUZ	FRNA F	PARK
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22.	c. NAME OF CEMETERY O	R CREMATORY 2	22d. LOCATION (City, town, or co	ounty) (Stole)
Burial 11/11/60	Moreland Me	m. Park Cemete	ry Baltim	ore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D		AR'S SIGNATURE
Marine H. I revenue 12 1860		DATE NOV	13.13 (31.6)	of & Trans



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		7	~	-	~	-	en .

12141

a. COUNTY	A A 3 .	. 7	MARYLAN	a. STATE	vland	b COUNTY		erore damission;
6 CITY OR TOWN	Anne Arunde If auts de carporate lim		c. LENGTH OF STAY IN I			rporate limits, write I		neorest tawn)
RURAL and give r				.,	Severr	1		
d. NAME OF HOSPI	Olis TAL (If not in hospital, g	give street as	ddress)	STREET ADDE				e. IS RESIDENCE ON A FARM?
OR INSTITUTION			TI a mand da a 7	/ Rt. 2	Box 26	5		YES NO
3. NAME OF	Arundal ger		Middle	Last	4. DATI		oth	Day Year
(Type or print)	Lec		E	LeBel.	OF DEA1	TH NOVE	mber :	1.8 19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED			9 AGE (In years	IF UNDER TYE	AR IF UNDER 24 HR
Male	White	WIDOWED	DIVORCED [9 May 189	2	last birthday)	Manths Day	rs Haurs Min.
100 USUAL OCCUPATE	ON (Give kind of work	dane 10b. K	IND OF BUSINESS OR IN	IDUSTRY 11 BIRTHPLACE	(State or foreign	n country)	12. CITIZEN	OF WHAT COUNTRY
Mechanic	king life, even if retired	" Pos	t Ord. FT.M	leade Ma	ine		77 /	5. A.
13. FATHER'S NAME				14. MOTHER'S MA			1 0 0	J
Unknow	n			Uni	known			
	ER IN U.S. ARMED FOR		OCIAL SECURITY NO. 1	7, INFORMANT		Ado	dress	
Mes	U U 11	22	5-22-4017	Mrs. Omer 8	Butler			
18 CAUSE OF DE	ATH [Enter only one co		-					NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY.	Ble	edina or	sophiae	-1 11 c	And Can	O	INSET AND FATH
561.0	DUE TO							
Conditions, if		. Ai	not	d din				3
gave rise la	immediale)		1				
cause (a), stating lying cause last.	the under-			•				
PART II. OT	•		ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(a) 19 WAS AUTOPS
Ĭ								PERFORMED?
200 ACC.DENT W	AS UNDERLYING []	20ь. DESCI	RIBE HOW INJURY OCCU	IRRED. (Enter nature of in	jury in Part or I	Port II of item 18)		
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)							
3 20c. TIME OF INJU	RY Manth, Day, Ye	er 20d. IN.	JURY OCCURRED 20e	PLACE OF INJURY (Hom		City or town)	(Caun	ity) (State
Y 20c. TIME OF INJU Haur a.m.	19	While at wark	Nat while	factory, street, affice blo	lg., elc.)			
	//\ /sbi- bis-		ed the deceased fro	11. 17	10616 4	1	~ 10/-	that (I) (we) las
				at death accurred a				
22a. SIGNAGURE	ised diffe dif	<u></u>	יייי אין מוום ומכייים	ar death accurred d	15.07. NO 110	in the cooses of	nu on the ac	22b.DATE
Fra	Mufle	19		M.D ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		SIGNE
22c PHYSICIAN'S NAME (Type)	to 11 1	in 6/	1.1	22d. ADDRESS			0 1	111.1
	1 1 1 1 /s	wh	·p/ 44	an	nage	- li	legel	
230. BURIAL, CREMAT	ON, 236 DATE THERE	Of	23c NAME OF CEMETER			CATION (City town,	,,	(State)
			Balto. Nat			timore Ci		Md.
24 FUNERAL DIRECTO	RSSIGNATURE HO	mel	ADDRESS	25	NOV 2 8	1.460	ISTRAR'S SIGNA	

T ofter death. Page 4

the ottending physicion and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filled with may be retain near by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or OR ATTENDINE PHYS IAN: The low remain that the Teath mertificate be executed within 24 wevent, within 72 hours ofter death. the State Board of Health prior to buriol, cremotion, ar removal, and

TO HOSP VR A15 [4] ISM 9/59



I AND STATE DEPARTMENT OF HEALTH Division of TANSFICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EDICAL EXAMINER'S CERTIFICATE OF FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE Maryland TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dearn. It also carried the word "pending" in penal in Item 18. Give Peges 1, 2, and 3 to the carried for your files.

The forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

The forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 1 and 2 with the State Board of Health. b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) writa RURAL and give nearest town) Edgewater Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS 4. IS RESIDENCE ON A FARM? Riva YES NO W First 3. NAME OF Middle 4. DATE Day Last Month Year DECEASED OF (Type or print) DEATH Konneth Tee November 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months Days Hours I Min. Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TELEPHONE KEPAIRMAL 14. MOTHER'S MAIDEN NAME ELEPHONE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Ad dress (Yes, ng. or enkown) | (If yesgive weror dates electrica) OSE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple Traumatic Injuries IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b)_ gava risa lo immediale ceusa DUE TO (a), stating the underlying carna last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word YES NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Airplane Crash should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 CAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 206. INJURY OCCURRED (County) (Stata) Month, Day, Year factory, street, office bldg., atc.) Not While Riva al work field Maryland et work Anne Arundel 19 60 21. I certify that I took charge of the remains described above, held an Autopsy 🔭 . Inspection and in my opinion Inquiry death resulted from: Natural causes Accident/ Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE OK DEPUTY MEDICAL EXAMINER EXAMINER'S 11/27/60 NAME (Type) Charles S. Petty Address (Streat, city, town, or county) 山口 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or country) (Stata) REMOVAL (Specify) BURIAL Z40 O 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATUR VS. A15ME 2 9 '60 arthur S. Kraus 5M 7/59

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256 REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

360

19149 CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Anne Arundel
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Anna polis	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
or NAME OF HOSPITAL (if not in hospito), give street oddress) OR INSTITUTION (Dead on arrival) Anne Arundel General Hospital	o is residence on a farm? 711 Arundel Place 's residence on a farm? Yes \(\) NO \(\)
3 NAME OF DECEASED (Type or print) Marie Middle	Lost 4. DATE Month Day Year OF DEATH November 6 1960
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	P. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS October 5, 1893 67 yrs. Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service] 16. SOCIAL SECURITY NO. 17. [Mis Violet austin 2
TB. CAUSE OF DEATH [Enter only one couse per line of (o), (b), ond (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underly lying couse lost.	Hemarrage interval Between onset and Death onset and Death onset of TRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO
	ED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e P While Not while of work of work	**LACE OF INJURY (Home, farm, 20f (City or town) (County) (Stole actory, street, office bldg., etc.)
21 I certify that (I) **COCKOCKOCKOCKOCKOCKOCKOCKOCKOCKOCKOCKOCK	death accurred at M, from the causes and on the date stated above
220 SIGNATURE AWARD A Beate	M D PHYS. 226 DATE SIGNED PHYS. 11/7/60
22c PHYS CIAN'S NAME (Type) Edward S. Beck	71 ranklin St., Annapolis, Md.
239 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR_CREMATORY / 23d JQCATION (City, town, or county) (Stote)

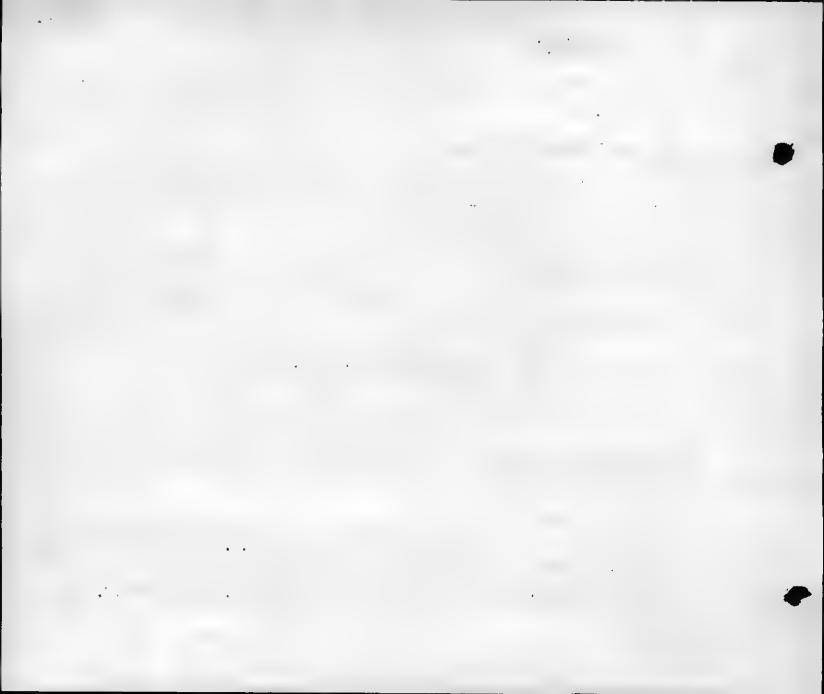
may be retained by the haspital or attending physician.

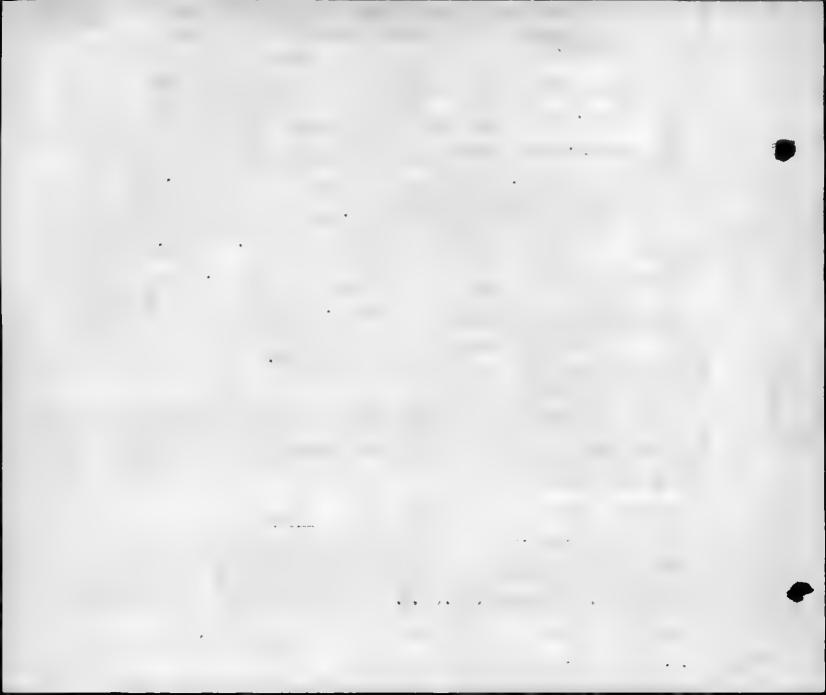
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOS VR A15 (4) 15M 9/S9

G ofter deoth. Page 4 the funeral director,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

the attending physicion ond campletely filled andy the fun Then please remove carbon papers. Pages 1 and 2 should





Then plass emove carbon papers. Pages 1 and 2 shauld be iffer with and in any event within 72 haurs after death.

TO HOSP CARE ATTENDED FIXED Within 28 to Hosp requirements that the death certificate be executed within 28 to may be removed by the haspital or attending plysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then plasse-emove carbon papers. Pages 1 with State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VR A15 (4)

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after death. Page 4

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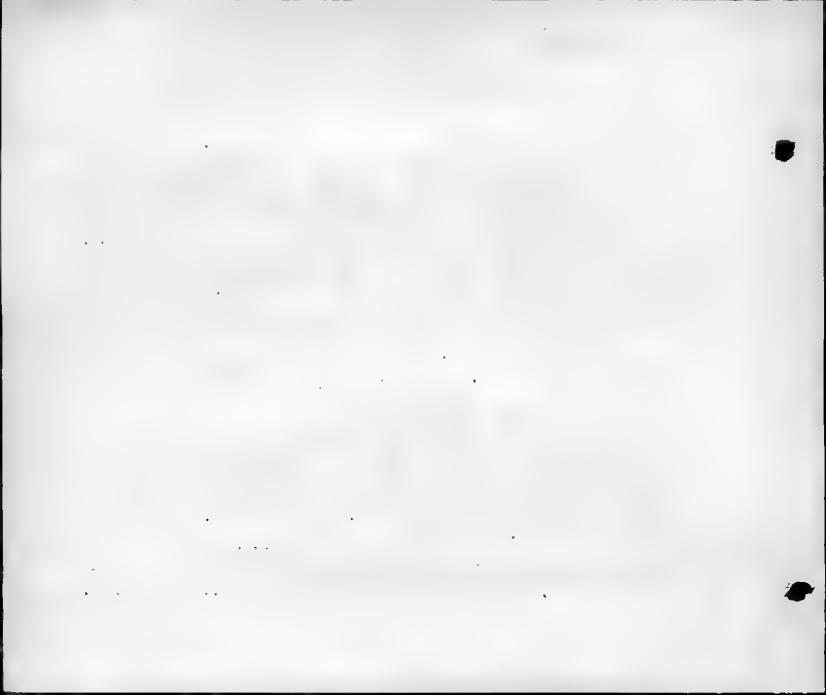
4	D. PLACE OF DEATH O. COUNTY ALLE A COLDEL	MARYLAND	2. USUAL RESIDENCE (Where decear o. STATE Mar yland	b. COUNTY	Residence before admission George	on)
	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) U.S.A.H.	5 hrs 25 Min	c. CITY OR TOWN (If ourside con Laurel	parate limits, write RUF	RAL and give nearest town)
C	d. NAME OF HOSPITAL (If not in hospital, give street of or institution Fort George G. Made. Name	address)	d. STREET ADDRESS 507 Main St	y y		IDENCE FARM? NO.
	3 NAME OF DECEASED (Type or print) Kevin Michael I	Middle	Lost 4. DATE	_	,	Year 1960
	5 SEX 6. COLOR OR RACE 7. MARRI MALE CAU WIDOWE		B DATE OF BIRTH	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER TYEAR IF UNDER Months Days Hours	R 24 HRS. Min. 25
	100 USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign Maryland	country)	12 CITIZEN OF WHAT C	OUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	DANIEL J LUTZ		BARBARA BROWER			
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	SOCIAL SECURITY NO 17. IN	FORMANT	Addres	is	
	(Yes, no or unknown) (If yes, give war or dates of service)		Father 507	Main St La	urel, Md.	
	Conditions, if any, which gove rise to immediate cause (b). DUE TO Conditions, if any, which gove rise to immediate cause (b). DUE TO DUE TO Expression of the conditions	ONTRIBUTING TO DEATH BUT	tesis in N wborn I NOT RELATED TO THE TERMINAL DISEA D. (Enter nature of injury in Part I or P	ISE CONDIT ON GIVER	PERFO	25 min
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 of work	NURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f (Corry, street, office bldg., etc.)	ity or town)	(County)	(Stote)
İ	21. I certify that (I) (this hospital) attends sow the deceased alive on 10 Nov 220,5 GNATURE 220,5 GNATURE 220,5 GNATURE 220,5 GNATURE 220,7 PHYSICIAN'S NAME (Type) SHERMAN S. ROE	19 60, and that a	M.D. ATTENDING MED. MED. PHYS. DIRECTOR [22d. ADDRESS USA Hosp Ft Ce	STAFF PHYS	on the date stated	
	23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL*(Specify) 22 60 24 FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY O autheran ADDRESS	Emeter Mis 250 JECO BY REG		RAPE SIGNATURE	inc f
	no our varialded	raud 1	DATEINV 2 9 '8	il Clith	us S. Thank	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2143	It	CERTI	FICA	TE OF DEA	TH	/67	00			
1, F	LACE OF DEATH COUNTY	Anne Aruno	del	MAI	RYLAND	2. USUAL RESIDENCE STATE Ma.	E (Where deryland		COUNTY .	Residence before Ar		_
b	RURAL and give n		ils, write	c. LENGTH OF STA	Y IN 1b	c city or tow	N (If autside	·	ls, write RUR/	AL ond give ne	arest town	1)
	or institution ine Arunde	TAL (If not in hospital, G				d. STREET ADDR	ESS Murra	y Ave.			e IS RES ON A YES	IDENCE FARM?
1	NAME OF DECEASED (Type ar print)	Marga:	ret	B	le >	Last MACE	4. D.	F	Month ovember			Year 1960
-	emale	6 COLOR OR RACE White	WIDOWED		ED 🔲	March 11,	1886 /1 883 /	747	1 16 1	UNDER TYEAR	Hours	Min
	during most of wor	ON (Give kind of work king life, even if relired	done 10b. K	IND OF BUSINESS	OR INDUS	Mary	yland	ign country)		12 CITIZEN O		OUNTRY
	FATHER'S NAME	PY F	DL/	NG OCIAL SECURITY N	0 17 IN	14. MOTHER'S MAI	ALEL	Ma	HALP Address	HAH	N	
	, no. or unknown)	(If yes, give wor or dates of	HELANCE)		(EORGI	E.F.	MA	CF	2		
		ATH [Enter only one or ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	P	lutur lovatu	etia de	general	Jest Ca	Para		ON	FERVAL BE	DEATH
NO	gove rise to cause (o), stating lying cause lost. PART II, OT	the under-		Alvula ENTRIBUTING TO D	AA C	L DIGINAL NOT RELATED TO THE	e TERMINAL D	ISEASE COND	TITION GIVEN	IN PART I(a)	19 WAS	AUTOPSY
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING DEATH	20b. DESCR	RIBE HOW INJURY	OCCURRED	(Enter nature of inju	ury in Port I o	or Part II of ile	em 18.)		YES	ORMED?
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Ye 19	While of work	Not while		CE OF INJURY (Ham- lory, street, office bld		(City or town	۱)	(County)	(Stote
		Jesse L.		19.60. an	d that d	ATTENDING PHYS 22d. ADDRESS	30 P	R STAF	ouses and	, 1960, H an the date 1:	e stated 22/1/6	
230	BURIAL, CREMAT OF		1960	St Cor	METERY OF	Cemele	1/	GCATION (C	ity town, or a	caunty)	me Sho	L.
30	HUNERAL DIRECTOR	Seylus C	eres	ADDRESS	pot	is Md. 250	REC'D BY R			ARS SIGNATU		

campietely filled the funeral director, paper Pages 1 and 2 shauld be fied with parter death. Page 4, O ATTENHING PRYSICIAN: The law requires that the death certificate be executed within 24 h urs oftep/death may be "Youned by the hasp'tal or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remave carbanthe State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 has TO HOSP VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institution, Residence b, fore edmission) e. COUNTY end 3 to the unreral director. Page may be retained for your files.

2 with the State Board of Health, a. STATE b. COUNTY Anne Amindel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate .tmits. I c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town, write RURAL and give neerest town) Pasadena
d. NAME OF HOSPITAL OR INSTITUTION (If not In hosp ta, g va straat address) Pasadena Pasadena STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO D 3 NAME OF M ddle DECEASED OF uld be executed within 24 hours efter death. If in pencil in Item 18. Give Pages 1, 2, end 3 to th Milice elong with form PM3. Page 5 may be re uniel-transit permit, file pages 1 and 2 with the oval, and in any event within 72 hours efter coval, and in any event within 72 hours efter coval. (Typa or print) DEATH November 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED TO NEVER MARRIED last birthdey) WIDOWED [DIVORCED Female White 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, eyan if ratirad) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECUR TY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (Ifyesquewarordatasofsarvica) Office elong with buriel-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH H WAS CAUSED BY. Shotgun wound of upper abdomen and lower chest DUE TO (b) paya rise to immadiata cause DUE TO execute the certificate, writing the word "pending id be forwarded to the Chief Medical Examiner' YERAL DIRECTOR: Page 3 should be used as (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury In Part I or Part II of Itam 18) PRIMARY DE or CONTRIBUTING CAUSE OF DEATH. Shot during altercation 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [County] (Stata) factory, streat, office bldg., etc.) * Whila Not While 60 at work Pasadena, Anne Arundel, Md. al work DC House prior 21 I certify that I took charge of the remains described above, held an Autopsy [X. Inspection and in my opinion death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED Should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER /28/60 EKAMINER'S Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, Iown, or county) 6356 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or country) (Steta) ླ REMOVAL (Sparffy) 240 g 24a. REC'D BY REGISTRAR I 24b. VS. A15ME DANOV 3 0 '60 Cirilar S. Thouse 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



	1	2180	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
	CE OF DEATH			2 USUAL RESIDENCE (Who		n: Residence before admission)
u. c.	Anne A	rundel	MARYLAND	11	rvland b. COUNTY	Anne Arundel
ь. С	ITY OR TOWN (IF	outside carporate limits, write	c LENGTH OF STAY IN 16		utside carporate limits, write Rt	
	URAL and give nec	RFD	4 vears	Y Paradone	(Lake Shore)	
d. N	IAME OF HOSPITA	L (If not in haspital, give stree	godress)	d. STREET ADDRESS	TLAKE SHUTE!	e, IS RESIDENCE
0	IK INSTITUTION				01.0	ON A FARM? YES NO
	<u>te Orive</u>			1 Rt. 7 - Box		
	EASED	First	Middle	last	4. DATE Mant	h Day Yeor
(Тур	e or print)	RAY	11474011114	MELLOTT		ber 5, 1960
. SEX		6. COLOR OR RACE 7. MAI	RRIED 🗌 NEVER MARRIED 📋 🛭	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HE
Me	ele8	White WOOV	VED DIVORCED	2 rd. May 1903	57 yrı.	Menths Days Hours Min.
Ja. US	UAL OCCUPATION	V (Give kind of work done 10t	. KIND OF BUSINESS OR INDU		ar fareign country)	12. CITIZEN OF WHAT COUNT
		ng life, even if retired)	Self- Emp.	Danamilus	nie	U.S.A.
	HER'S NAME	r (ret.) S	BELL STEIN HALL	Pennsylva 14. MOTHER'S MAIDEN N		U.J. H.
F 10/01	John G		control decreases I to		Lice Bedford	
Yes, no		IN U. S. ARMED FORCES? 16 7 yes, give wor or dates of serv ce}	S. SOCIAL SECURITY NO 17 I	NFORMANT	Addre	" Kent Ave.,
	10	1//// 18	3 12 3953 M	rs. Margaret	Stinchcomb	Pasadena, Md.
18.	CAUSE OF DEAT	H [Enter anly one cause per	line for (a), (b), and (c)]			INTERVAL BETWEEN
		H WAS CAUSED BY	MINAL BRO	NCHO-PNEL	MONIA	7 DAVS
	2 13	a a DUE TO				
c	andilians, if on	y which) A.T.	LASTIC A	MENIA		3 VEARS
91	ove rise to im	Imediate Due TO	<u> </u>	V 1-11111		
	iuse (a), stating ti ing cause lost.	he under-				
		J (c)	CONTRIBUTION TO DESTRUCT	NAT BELLIED TO THE TENNIL	ALL DECLES COMPINED	EN IN PART I(a) 19, WAS AUTOPS
2		CACHEXIA		NOT KEDATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	PERFORMED?
ـــا يَ						YES NO
200 OR (IF	CONTRIBUTING I EITHER, NOTIFY A	UNDERLYING 206. DE 206. DE 406. DE 406	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Port () of item 18 }	
. ــــــــــــــــــــــــــــــــــــ	TIME OF INJURY		INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f (City or town)	(County) (Slote
	Haur a.m.	While	n Nat while fa	ctary, street, affice bldg., etc.)	I control of the cont	(Sign
-	p, m,	17 al wo	ork at wark			
21	. I certify the	at 1 attended the decea		, 1960 , to N	004 , 1960	,that I last saw the decea
ali	ive on Qe-1	TOBER 25, 191	60, and that death	occurred of 3 55 f	M, from the couses a	nd on the date stated abo
		011	. 1		ADDRESS (Street, city or lawn, s	
AC	TUAL ALL	hur Landsto	rd yr.	M.D. 2934 MO	UNTAIN 2D.	11-7-
319	NA IURE	U		m.v		
PH	YSICIAN'S A.P.	THUR LANKE	ORD JR.	PASADEN	UH MARUL	AND
		, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			7.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
RE	MOVAL (Specify)			_	22d. LOCATION (City, town, o	.,
	rial	1 8th Nov. 1960			<u>Glen Burni</u>	
FUN	LEBAL DIRECTOR'S	SIGNATURE	ADDRESS			TRÁR'S SIGNATURE
//	LOXA	flow GI	len Burnie. M	d_ DATE	101 9 ,60	77.500

Glen Burnie.

may be timed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haars after death. TO HOS

OB ATTENDING PHYSICIAN: The law remain that the most certificate is executed within 24 hayrs ofter death: Page 4



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haraned by the hosp tal or attending physician.

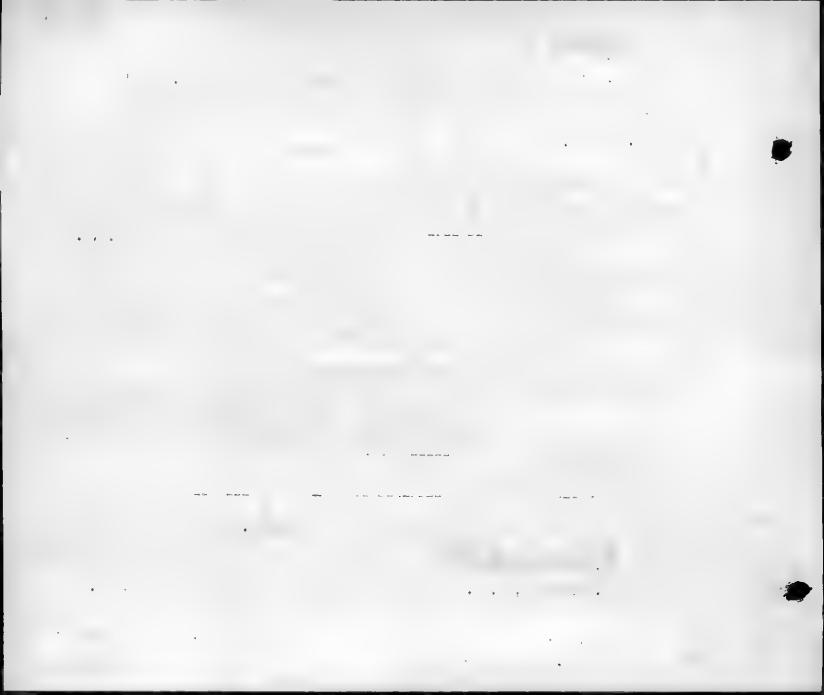
TO HOSP

VR A1S (4) 1SM 9/59

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the bunal-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health prior to buriol, cremation, or removal, and in any event, withing 72 haurs ofter death.

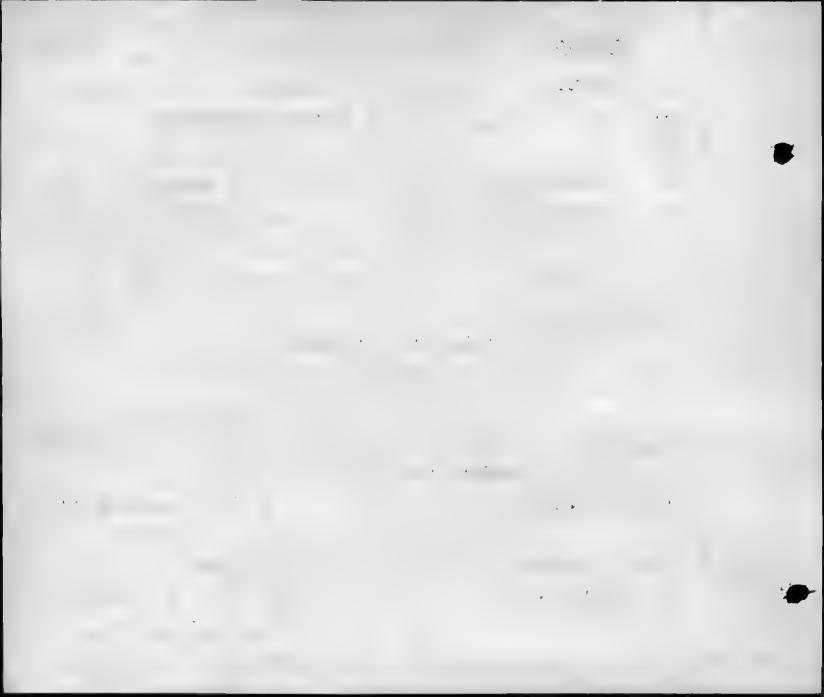
Ž.

1	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decem-	sed lived If institution, Residu	lence before odmission)
L	Anne Arundel	MARYLAND	Maryland	S+ Mary	1g / L
	b CITY OR TOWN (If outside corporate timits, RURAL and give nearest town)		c. CITY OR TOWN (If outside con	porote limits, write RURAL and	d give necrest town)
L	Crownsville	2 years	Chaptico		
Ĺ	d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	e street address)	d STREET ADDRESS	16 V	IS RESIDENCE
L	Crownsville State F		Unknown	TOX	YES NO
13	3. NAME OF First DECEASED		Last 4. DATE		Day Year
L	(Type or print) Ella	a Counter	B Miles DEAT	н 11	3 19 60
3	S. SEX 6 COLOR OR RACE 7	7 MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDI	ER I YEAR IF UNDER 24 HRS
		WIDOWED DIVORCED -	January 19, 1888	72 yrs. Months	Days Hours Min.
1	 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 	ane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12.C	ITIZEN OF WHAT COUNTRY?
l	Unknown		Maryland		U.S.A.
ħ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
D	Joseph Counters		Julia Dorsey		
	S. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT	Address	
	(Yes, no, or unknown) (if yes give war or dates of sen	Unknown	Hospital Records		
F	18 CAUSE OF DEATH Enter only one cour	se per line for (o), (b), and (c)]			INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY.	Heart Infa	rction		ONSET AND DEATH
l	IMMEDIATE CAUSE (6)				
l	Conditions, if ony, which)	Coronary A	rteriosclerosis		
l	gave rise to immediate		·		
ı	lying cause lost.				
ŀ	101-	ITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISE	ASE COND TION GIVEN IN PI	APT 1/m) 19 WAS ALITOPSY
	Chronic Brain Syndro				PERFORMED?
	200. ACCIDENT WAS UNDERLYING 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	206 DESCRIBE HOW INJURY OCCURRE			
	20c TIME OF INJURY Month, Day, Year Hour a.m. p. m 19	While Not while for	ACE OF INJURY (Home, farm 120f (C ctory, street, affice bldg , etc.)	ity or tawn)	(County) {State}
1	p. m 19	of work of work		22/2	70
l	21 I certify that (I) (this haspital)			11/3 19.	60, that (1) (we) last
l	saw the deceased olive on11,	/3 19, 60, and that a	death occurred at 3.3 M. fran	n the causes and on the	he date stated above
l	220 SIGNATURE	7.77			22b DATE
l	Much	all.	M.D PHYS MED DIRECTOR [STAFF PHYS	11/4/60
l	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) L. Benedict	, M. D.	Crownsville S	State Hospital	., Md.
7	23g. BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOC	ATION (City, town, or county	r) (State)
	Burial 1//8/6	o St postk	ek mo	19anja	mo.
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REG	ISTRAR 4256, REGISTRAR'S	SIGNATURE
1	W. Carke mallingles.	geonardlown	mcl DATE NOV 9	260 Critum	8. Kraya



	#	12144 CERTIFICATE OF DEATH Reg. Dist. No.
Poge	director, iled with	PLACE OF DEATH a COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel
death.	d be r	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) ANALYXXX Annpolis C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Shady Side Maryland
ors after	by the fu	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION INDEX AND
n 24 ho	ille I and less I and	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH NOVE IN THE TOTAL NAME OF DEATH
d within	pletely f	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR. Joy birthday) Months Days Haurs Min.
execute	nd camping the page death.	Downstic Domestic 11. BIRTHPLACE (State or foreign country) USA 12. CITIZEN OF WHAT COUNT Only BIRTHPLACE (State or foreign country) USA
e pe	carbo ofter	FATHER'S NAME Unknown Unknown
certifical	remove 72 hours	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address N. no. or unknown] If yet, give wer or doles of services Paul L. Miller Shady Side, Maryland
vires that the death	gned by the attendi permit. Then pleas in any event within	18 CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) GOSTIFE IN TEST and he made have rise to immediate gave rise to immediate couse (a), storing the under DUE TO
he law requal-	ial-transit	Probably theraseutic disasventure; sationt half been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) EKG. shows patient also had a recent acute myocardial infarction.
IAN: T	ificote I the bu	OR CONTRIBUTING [] AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or of	this cert r use as ematian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P. m. 19 While Not while at work
TENDING the hospit	DR: After I	21. I certify that I attended the deceased from No. V. 29, 1960, to No. V. 30, 1960, that I last sow the decease alive on No. 125 p.M., from the causes and on the date stated about ADDRESS (Street, city, or town, state). ADDRESS (Street, city, or town, state)
t OR AT	AL DIRECT	ACTUAL SIGNATURE prollars its spritt M.D. Strady side, Margland 11/30 PHYSICIAN'S 1/1/1 APD F SIMITH MD
3	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	NAME (Type) 226. DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (Slote)
O HO	ro FÚNEI poge 3 the regi	Burial Dec. 3- 1960 Cedar Hill Cemetery Suitland, Maryland.
VS 154	A15 (4)	FUNERAL DIRECTOR'S SIGNATURE 1661 - GOOD Hope Rd. S.E. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 '60 Cirthun & Kraug

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS R'S CER EXAMIN 0 12-2-60 et 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) ay is mesery, and director. Page and for your files. . COUNTY Health, a. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) retained for your write RURAL and give neerest town) ŏ Woodland Beach Riva Rural rura State Board d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TO Riva 2, and 3 to the ic NAME OF 4. DATE Middle Last Month Day DECEASED OF the (Type or print) DEATH er 27 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 2 with th WILLIAM . MILLER November 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years and 2 w last birthday) Months Hount Male WIDOWED DIVORCED This cert ficate should be executed within 24 hours after a word "pending" in pencil in Item 18. Give Pages 1, 2, at IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 72 done during most of working life, even if relired) E/ 0 File pages form PM3. FATHER'S NAME eyent ARMED FORCES? 1 16, SOCIAL SECURITY NO.1 17. INFORMANT unkown) | (Ifyasg vewarordaterafservica) permit. Office along with for burial-transit permit, smoval, and in any e 18. CAUSE OF DEATH (Entar only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Multiple Traumatic Injuries MMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gava rise to immadiata causa 10 Examiner's DUE TO (a), stating the undarlying 10 Ö nsed cause last. cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 8 ease execute the certificate, writing the word NO X Medical pluods 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) MEDICAL EXAMINER: should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, CAUSE OF DEATH. Airplane Crash (A) 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f., (City or lown) 20c. TIME OF INJURY Month, Day, Year (Stele) (County) factory, street, office bidg., atc.) While Not Whila at work at work field Riva prior 1960 Anne Arundel 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER [ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EPOLY DEPUTY MEDICAL EXAMINER Charles S. 11/27/60 NAME (Type) Address (Street, city, lown, or county) 22d. LOCATION (City, town, or country) 228. BURIAL CREMATION | 226. DATE THEREOF 22E. NAME OF CEMETERY OR CREMATORY BURIAL A CEDAR O D 40 24n. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



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CEDTIFICATE OF DEATH

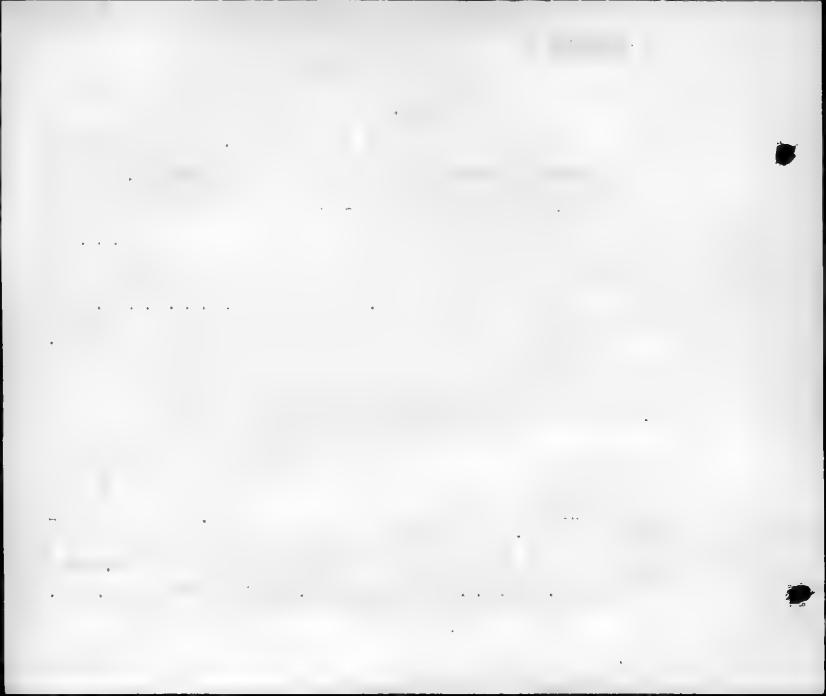
12183	CERTIFICA	IL OI DEATH		
o. COUNTY Arundel	MARYLAND	2. USUAL RESIDENCE (When o Maryland	b. COUNTY	sidence before admission) \textrumdel
b CITY OR TOWN (If outside corporate limits, a RURAL and give nearest town)	A.	c. CITY OR TOWN (If out	side corporate limits, write RURAL	and give nearest town)
Glen Burnie	3 1/4 yrs.	Annapolis		
d NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Plaza Manor Nursing H	street address)	d. STREET ADDRESS 72 ½ Larkin	s St.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) Sarah Jane	Middle Mowbray	Last	de Death November	Day Yeor 19 60
5. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF Uh lost birthday) Mon	DER 1 YEAR IF UNDER 24 HRS
Female Negro w	IDOWED TO DIVORCED	12-20-1870	loss birthdoy) Mon	the Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)		TRY 13. BIRTHPLACE (Stote of	r foreign country) 12	CITIZEN OF WHAT COUNTRY
Maid	Domestic	Maryland	l	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Albert Welch		Catherine Tydmngs		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES {Yes, no, or unknown} (If yes, give wor or dates of service)		FORMANT	Address	
No		• Anderson -Wo	rker, D.P.W. A.	l. Co.
Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. Canditions, if any, which (b). DUE TO DUE TO (c).	Arteriosclerotic			? yrs.
PART I: OTHER SIGNIFICANT CONDIT				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	ort I or Port II of Hem 18)	
ZOc. TIME OF INJURY Month. Doy, Year Haur o m. 19		ACE OF INJURY (Hame, form, tory, street, affice bldg, etc.)	20f (City or town)	(County) (State)
21. I certify that (I) (this hospital) of saw the deceased alive an Octorial Schalare	15) 19 60, and that d	eath accurred at 8A A	M, fram the causes and an	
22c Physician's Make (Type) James M. Pai			rollton Avenue H	Balto.23,Md.
230 BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify) 11-3-60	23c. NAME OF CEMETERY O		Baltimore, Mary	land
Charles R. Law 802 Mad	ADDRESS lison Avenue		BY REGISTRAR 256, REGISTRAR	'S SIGNATURE Lug S. FLAMA

may be retained by the hospital or attending phys cian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-nours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

s after death. Page 4

TO HOSP VR A15 (4) 15M 9/59



12145

12184	CERTIFIC	AIE OF DEATH	Reg. Dis	st. No.
1. PLACE OF DEATH O. COUNTY	PULL DE L MARYLAND	2 USUAL RESIDENCE (Where de p. STATE	ceased lived. If institutions Residence	ca before odmissigh)
b CITY OR TOWN (If outside corporate limits RURAL and give nearest lows)	c LENGTH OF STAY IN 16	TWNAPZh	corporate limits, write RURAL and a	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, grown in the structure of the str	·	CEDAR I	RIVE 1	6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) /- ARV	EY F.	MYERS 4. D.	ATE Month FEATH	8 1960
	7. MARRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH 1/-1893		TYEAR IF UNDER 24 HRS Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work d dyring most of working life, even if relired)	HARD WARES	USTRY 13 BIRTHPLACE (State or fore	ign country) 12. CITI	12EN OF WHAT COUNTRY?
13. FATHER'S NAME, HENRY B.	MYERS	14. MOTHER'S MAIDEN NAME ELIZABET	H HENKE	_
15. WAS DECEASEDEVER IN U.S. ARMED FORC		FENTEN MYE	ERS Address 2	_
18. CAUSE OF DEATH [Enter anly one couper of the couper of	Chrhwraink	a Thembons		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BU			19. WAS AUTOPSY PERFORMED? YES NO
	206. DESCRIBE HOW INJURY OCCURR	ED (Enler nature of injury in Port I c	r Port II of item 18 j	
20c. TIME OF INJURY Month, Day, Yea Hour e.m. 19		PLACE OF INJURY (Home, form, 20f, octory, street, office bldg , etc.)	. (City ar town) (C	County) (State)
21. I certify that I attended the alive on NEW S	deceased from Syst 2 , 19(co) , , and that deat	h accurred at 4 5 M.	From the causes and an the SS (Street, city or town, state) Child St.	last saw the deceased ne data stated abave DATE SIGNED
PHYSICIAN'S NAME (Type)		aung	rdi, Md.	
220 BURIAL, CREMATION, 22b. DATE THEREO. BY HAL	60 EDWARDS	OF CREMATORY 22d.	COCATION (City, town, or county)	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY R	EGISTRAR 245 REGISTRAR'S BIO	THE

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Jained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fille with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

TO HOSP



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

.54	-	10110			
wit	1	1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 9. STATE 6. COUNTY		
₽ <u>₽</u> [Anne Arundel	o. STATE Maryland b. COUNTY Anne Arundel &		
o e '		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~		
ž P		Annapolis 6 hours	RURAL - Churchton		
shar		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?		
d 2	2	Anne Arundel General Hospital	Franklin Manor YES NO		
9 6	b.	3 NAME OF First Middle	Lost 4. DATE Month Day Year		
es f		(Type or prat) William LANCE	PHIPPS DEATH November 20 19 60		
ly fille Pages death			B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost, birthdoy) Months Days Hours Min		
ipletel ers. F after		Male White WIDOWED K DIVORCED	October 14, 1900 60 yrs Months Doys Hours Min		
campl papers ours of		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?		
م م م م		Car Penter	Maryland, Church ton U.S.		
Irba		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
icia e sc iffi		Edulard R. Phipps	Nellie Kondall		
physici emave ent, with	-		FORMANT Address		
ing I		(If yes, give wor or dates of service) 218030603 EL	MER IR. PHIMPS FrankLIN Mahoir, Md.		
leos	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]				
E OF	、一ノ	PART I. DEATH WAS CAUSED BY: Gerebral arteringler	un congeneration of at least or		
the The			and nt. occiptal loke year		
<u>_</u> = 6		Conditions, if ony, which) (b)			
Dern		couse (o), storing the under DUE TO Hubertensive Ca	rdio-poscular-disease years		
n sign		lying couse lost. (c)	////		
tran		PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?		
riol-	is the state of th				
buri buri cremo		☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D (Enter noture of injury in Port I or Port II of ilem 18.)		
ific a + i					
Se a			ACE OF INJURY (Home, form, 20f (City or town) (County) (State) ctory, street, office bldg., etc.)		
this is		p. m. 19 of work of work			
fter ed fo		21. 1 certify that (I) (his to be provided the deceased from A	Vorenter 1 1959, to Nov. 20, 1960, that (1) (30% last		
₹ A			leath accurred at,M, from the causes and an the date stated above		
5 8 T		220 SIGNATURE	ATTENDING MED STAFF		
Per Per	1		M.D PHYS DIRECTOR PHYS 11/21/60		
AL DIR nould Boord		22c PHYSICIAN'S NAME (Type) THE TRANS	22d. ADDRESS She dered do Mel		
O FUNERAL DIRE page 3 should be the State Boord o		Willard F. SMITN	Shadyside, Md.		
page 3 st the State		230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) [5] 175 (111)		
Oggan		7001131			
F (4)	1 1	24 FUNERAL DIRECTOR'S SYGNATURE GLERAL SUCCESSION ADDRESS CONTRACTOR STATES CONTRACT	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE 250. REC'D BY REGISTRAR 250. REGISTRAR		
3 (4)	Ja.	, , , , , , , , , , , , , , , , , , , ,	DATE COLLEGE A. That		

D MOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physician.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1214 GMEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. is necessory, pleose ex-ctor. Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) g. COUNTY Anne Arundel Maryland b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN HE outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Annapolis 20 yrs. Annapolis 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS be retained for your 99 Northwest Street 99 Northwest Street 4. DATE OF DEATH NAME OF DECEASED Middle Month 2, and 3 to the funero November 27 (Bobby (Type or print) Robert Pointer Evan 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. oct. 25-1907 Colored WIDOWED [] DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Give Poges 1, 2, M3. Poge 5 moy b File pages cute (Cartificate, writing the word "pending" in pencil in Item 18. Giforworded to the Chief Medical Examiner's Office along with form PM3. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. MEDICAL EXAMINER: This certificate should be CERTIFICATION MEDICAL

IS RESIDENCE

YES NO

Year

Hours

12. CITIZEN OF WHAT COUNTRY? 11 C A

1960

Day

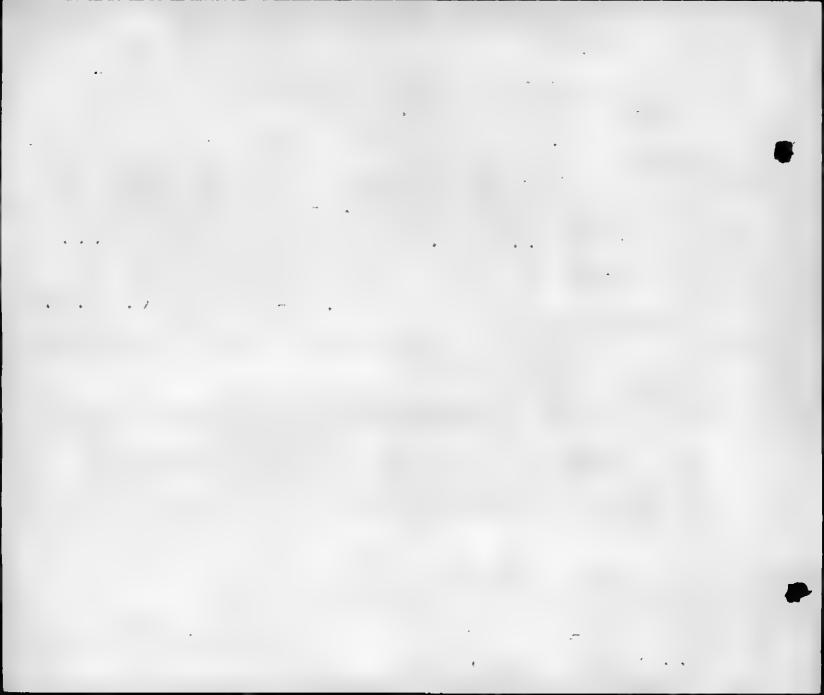
12148

William Pointer Was Deceased ever in U. S. Armed Forces? It social security no. It without It yes give wor or drive of isome) It yes, give wor or drive of isome) Unknown Velma B. Nash-808 Carrollton Ave. IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 8. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse [ast. (c) PART 8. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year While of work all work foctory, street, affice bidg., elc.] 21. I certify that I taak charge of the removins described above, held an Autapsy Inspection Inquiry death resulted from: Natyral causes Accident Suicide Hamicide Undetermined cause	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cenditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. TIME OF INJURY Month, Day, Year While of work of work of work of work of work of work. 19. The primary of contribution of the part of work of work of work of work. 19. The primary of contribution of the part of work of work. 19. The part of the	
It yes, give wer or dates at service) Unknown Velma B. Nash-808 Carrollton Ave.	
Unknown Velma B. Nash-808 Carrollton Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cenditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 8. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 Other work all work of work all work foctory, street, affice bidg., etc.] 21. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection Inquiry	
PART 8. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 8. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item; 18) CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. 19 Of While Nat while of work always	Anna. Md.
Cenditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry	INTERVAL SETWEEN ONSET AND DEATH
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Hour a. m. p. m. 19 20d. INJURY OCCURRED Of INJURY (Home, form, foctory, street, affice bldg., etc.) of work of work of the remains described abave, held an Autapsy , Inspection	
PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 Ville of work all work 21. I certify that I taak charge of the removins described abave, held an Autapsy , Inspection 1. Inquiry	(o) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o.m. 19 While Nat while of work foctory, street, affice bldg., etc.) 21. I certify that I taak charge of the removes described abave, held an Autapsy , Inspection Inquiry	
	(5tote)
death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	, and find tha
	-
SIGNATURE Cohur Lacolt M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
EXAMINER'S E. LIW HARE L. DEPUTY MEDICAL EXAMINER DEPU	11/27/6
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)	(State)
Burial 12-1-60 Pine Lawn Annapolis, Maryland	i
FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE DEC 1 '60 ADDRESS ADDRESS ADDRESS ADDRESS DATE DEC 1 '60	IATURE CONTRACTOR

VS. ATSME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12149

Reg, Dist. No.

	1. PLACE OF DEATH a. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CHT OR TOWN (If ourside corporate limits, write RURAL ond five neatest form) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
- 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2, S. Mauel Hospital.	on a FARM? The street Address Poad. 15 Residence on a FARM? YES NO
	3. NAME OF DECEASED (Type or print) John William F	Opow 4. DATE Month Day Year DEATH //- 28 1960
	5. SEX Male White WIDOWED DIVORCED !	Febry 10 - 1914 46 yrs. Manths Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during mast of working life, even if selired) THE ACHER	TY 11 (BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2. S.A.
	13. FATHER'S NAME POPOLO	14. MOIHER'S MAIDEN NAME Bohm
	15. WAS DECEASED EVER IN U. S. APAED FORCES? 16. SOCIAL SECURITY NO. 17. W. Tyos. 70, or unknown) W. T. W. T.	elon Christine Popow (2)
	PART 1. DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSE 0 BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying DUE TO	Offset and Death Offset
1000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
is 1	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factor of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg , etc.)
	21. I certify that I took charge of the remains described abordeath resulted from: Natural causes . Accident . Suit	ve, held an Autopsy, Inspection, Inquiry, and find that cide, Homicide, Undetermined cause
	SIGNATURE 6/200 hauft	M.D. CHIEF MEDICAL EXAMINER C
	EXAMINER'S F. LIWhANDY.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	220 BURIAL, CREMAT ON, 126. DATE THEREOF 220. NAME OF CEMETERY OR SEMOVAL Specify 12-1-1960 mapalia	CELEMATORY 22d TOCATION (City, town, or county) (State)
	John M. Ley ler Sino Chinap	DATE DEC 1 '60 24 REGISTRAR'S SIGNATURE

10 DER MEDICAL EXAMINED this certificate shaut be recorded within 24 hours offer death. If any delay is necessary, please execute 1.2, and 3 to the funeral pictor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal VS. A15ME(5) 5M 9/55

ON

If ony delay is necessory, please exemple funeral ctor. Page 4 should be

12186 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY COUNTY MARYLAND CITY (If outside corporete limits, write RURAL LENGTH OF STAY CITY (Il outside corporete limits, write RURAL and give necrest town) OR TOWN OR end give necrest town) ,⊸(in this place) TOWN HOSPITAL OR 5TREET (If rure) give location INSTITUTION OR **ADDRESS** STREET ADDRESS (Middle) DATE (Year) NAME OF DECEASED (Legg) OF (Type or Print) 6 8. DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS SEX COLOR OR SINGLE, MARRIED RACE WIDOWED, DIVORCED Months Deys Hours Min. (Specify) NIDOW CITIZEN OF WHAT 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. done during most of working life, gven if OR INDUSTRY COUNTRY? Housew 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Q 16. SOCIAL SECURITY NO. 17. INFORMANT & ADBRESS 15. WAS DECEASED EVERUN (If Yas, give wer or deles of service) (Yas, no, or unk.) INTERVAL BETWEEN # DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19e. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION YES 🗔 NO 21e, ACCIDENT WAS UNDERLYING IT 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stelle) 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) 21e, INJURY OCCURRED (Hour) While Not while et work et work 19.60, that I last saw the deceased 22. I hereby certify that Lattended the deceased from. PM, from the causes and on the date stated above and that death occurred at... NAME OF CEMETERY OR CREMATORY BURLAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE DATE

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within funeral

with the registrar filled in by the

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certificate

requires that the death

or attending physician.

may be retained by the hospital

The bottom copy

PUNERAL certificate death

DIRECTOR: The law

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physician

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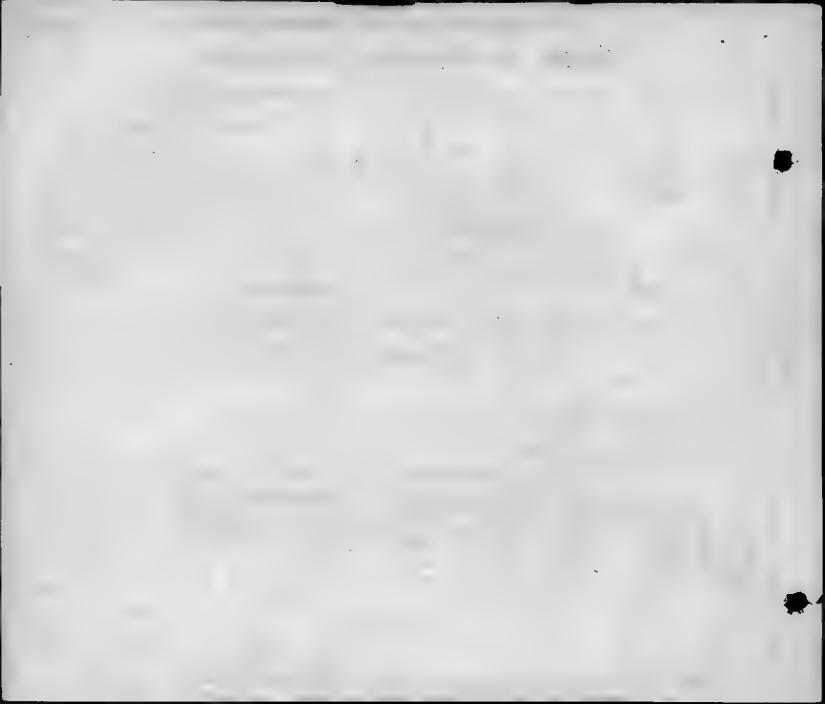
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12187

CERTIFICATE OF DEATH

Reg. Dist. No.

12151

- I-	1~111			N.	eg. Dist. No.					
Ī	o. COUNTY Anne Arundel		2 USUAL RESIDENCE (Whe	re deceased lived. If institution:	Residence before admission)					
	maio m calaca	MARYLAND	Welcome		Charles U					
4	 CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town) 		c. CITY OR TOWN (If ou	tside corporate limits, write RURA	AL and give nearest town)					
1	Crownsville, Md.	t wears days	Welcome	Maryland						
	d. NAME OF HOSPITAL (If not in hospital, give all OR INSTITUTION	Ireet oddress)	d. STREET ADDRESS	071	e. IS RESIDENCE ON A FARM?					
	Crownsville State Hosp	pital			YES NO					
1	3. NAME OF First DECEASED	Middle	Losi	4. DATE Month OF	Day Yeor					
	(Type or print) Robert	Sherman P	roctor	DEATH 11	10 1960					
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 1	B. DATE OF BIRTH		UNDER 1 YEAR 1F UNDER 24 HRS					
L	Male Negro Wit	DOWED DIVORCED	11/2/1934	26 yrs.	lonths Days Hours Min.					
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY					
	unknown	unknown	USA Mary	land	USA					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	WE						
X	Unknown		Jane Pr	octor						
4	15. WAS DECEASEDEVER IN U. 5. ARMED FORCES? (Yes on as unknown) [(If you, give war or dates of service)		IFORMANT	Address						
	no		ospital Recor	ds						
ľ	18. CAUSE OF DEATH [Enter only one couse s				INTERVAL BETWEEN ONSET AND DEATH					
1	PART I. DEATH WAS CAUSED BY Inanition and Dehydration									
722 a DUE TO										
Anterioring Photontaid Anthoritie										
-	gove rise to immediate NISTO									
1	could (o), storing the under-									
-[
-1	ATIO				PERFORMED? YES ☐ NO [X]					
1	E 200. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED). (Enter nature of minry in Pr	ort I or Port II of item 18)	T IS C NOW					
1	PART II OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING 700. OR CONTRIBUTING 700. OR CONTRIBUTING 700. OR CONTRIBUTING 700.		, (a.,	,						
- 1		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)					
1	Hour o.m.	While Not while foct	tory, street, office bldg., etc.)		(2001.))					
1		6/24		70 6-						
4	21. I certify that I attended the dec	1 -	1927, to 11		hat I last saw the deceased					
ı	alive an 11/10	19 60 , and that death			on the date stated above					
П		1. 1.11)	^ A	DDRESS (Street, city or flown, stat	(e) DATE SIGNED					
	SIGNATURE TILL GELL	Kall Caure	10. (YOUNS)	11/1e STale /103	7/14/ 11-11-					
-	PHYSICIAN'S Z	T 1-1-10	La Cu	11- 1	1 0					
	NAME (Type) THY 19UE	1. del Camp	o Crou	Jusville 101	4.					
	220 BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or c	county) (Stole)					
	Surial. 11/14/60	0 Zion Bapt	tist.	Till lop,	Mundand					
	23. FUNERAL DRECTOR'S SIGNATURE	ADDRESS 0 0%.	24g REC'D	BY REGISTRAR 246 REGISTR	AR'S SIGNATURE					
	(las ha Tunero)	some Lucla	to MOI DATE NO!	121 60 Cach	ms & Kraila					

TO HOW MATERIAL DING PHYSICIAN: The law requires that the death certificate be executed within 24 h-cyrs after death; Page 4 may 1. The form that DIRECTOR: After this certificate has been signed by the ottending physician and completely filled may the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriot, cremotion, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12152

_		
		PLACE OF DEATH a. COUNTY MARYLAND 2. USUMI, RESIDENCE [Where deceased lived of institution: Residence before admission] o. STATE (1.2.1.4. COUNTY)
	/	COTY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b COTY OR TOWN (If outside corporate limits, write RURA, and give nearest town)
200	1	d NAME OF HOSPITAL IT NOT IN hospital, give street address) OR INSTITUTION ON A FARM? YES NO ME ON A FARM? YES NO ME ON A FARM?
	- (NAME OF DECEASED (Type or print) / & DATE OF DEATH DOY YEOR OF DEATH 196
	5 5	SEX 6 COLOR OR RICE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years light birthday) Months Days Haurs Min
1	10a	USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY DIVINE NOT A LIFE OF W
	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME
		WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT (If pos, give wor or doting of service) (If pos, give wor or doting of service)
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which) (b) metastases to butter any way charteman
		gove rise to immediate couse (a), stating the under. DUE TO lying cause lost, (c)
7	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)
	MFDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o m. 19 While Not while of work of twork of two
		21 I certify that (1) (this haspital) attended the deceased frame 100, ta 10-3/-0, that (1) (we) las saw the deceased alive an 10-3/-0, and that death accurred at 3 M, from the causes and on the date stated above
		220. SIGNATURE ATTENDING MED. STAFF SIGNED
		22c PHYSICIAN'S NAME (Type) AT ALLEN CLE Cochedus Ly
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City, town, or country) REMOVAL (Specify) 11. 14.1960 12.1210-EV HALL 11. 11. 11. 11. 11. 11. 11. 11. 11. 11
	24)	FUNERAL DIRECTOR'S SIGNATURES APOBESS APOBESS APOBESS DATE NOV 7 '60 CIVILING S. FIGURE CIVILING S. FIGURE



2. USUAL RESIDENCE (Where deceased lived 15 institution: Residence before admus on)
o. STATE)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

MARYLAND

	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled 7.2y the funeral director,	ge 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages I and 2 should be filed with	1	1
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	he fu	houl		
	2	d 2	\setminus	
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	y filli	ages	death	
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ician	een s	ransi	٦٥ ,	
phys	d sor	rialt	oriai	
ding	ofe	e bu	Crem	
atten	ertific	as th	uriol,	
20	his ce	esn	<u>о</u>	
ospite	fter t	d for	prior	
he h	R: A	ache	olth	
by	CTO	e del	of He	
te remined by the hospital or attending physician.	DIR	d blo	State Board of Health prior to buriol, cremotion, or removal, and in any event may be nous after death	
FOR	RAL	shou	te Bo	
y b	NO	ge 3	Sta	

1. PLACE OF DEATH

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4

death unera	(RURAL and give nearest fown) A LA
by the f	200	NAME OF HOSPITAL (I not in hospital, give/street oddress) OR INSTITUTION ON A FARM? ON A FARM? ON A FARM?
filled of any of the carb.	- 1	NAME OF PIECEASED Type or print OF US OF DEATH OF DEATH 1960
ed withi	S. S	Lemale Cfel WIDOWED DIVORCED 10-5-1898 62 yrs Months Days Hours Min.
and com son pape	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY THE BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 12 CITIZEN OF WHAT COUNTRY?
ficate be ave coth	_	FATHER'S NAME 11. MOTHER'S MAIDEN, NAME 12. MOTHER'S MAIDEN, NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 127 INFORMANT Address
oth certification of the certi	,Yes	19 gr unknown) (14 yes, give war or dates of service) Strozza 3 Matheurs 78 Callege College
the deo ne aften hen plec nd in an		18. CAUSE OF DEATH [Enter only one couse per line for (q) (b), and (c).] PART 1. DEATH WAS CAUSED BY MELLING TO USE AND DEATH IMMEDIATE CAUSE(III) INTERVAL BETWEEN ONSET AND DEATH
ed by Il remit. T naval, or		Canditions, if any, which gove rise to immediate DUE TO
w requi	NO	lying cause last. (c)
r The lo	TIFICATO	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
attendi attendi ertificat as the uriol, cr	CAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, Form, 20f. (City or town) (Caunty)
Spital or spital or eer this of For use riar to b	MEDICA	Hour a.m. p.m. 19 While Not while of work of foctory, street, office bldg, etc.) 21 certify that () (this hospital) attended the deceased fram. - 16. 19. 170 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 180 7 - 6. 19. 19.
TTENDIN		saw the deceased alive on 1-0-60 19 and that death accurred of A.M. from the causes and on the date stated above. 220 SIGNAJORE 226 DATE
OR A bined by DIRECT old be d		ATTENDING MED STAFF SIGNED 22: PHYSICIAN'S NAME (Sype).
HOSIA ay be ran FUNERAL oge 3 should be State Bo	23a	BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d COST ON (City town of grown) (State)
5 E 5 g #	24)	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, RECIDENTAR'S SIGNATURE CIVILING THAT
VR A1S (4) 1SM 9/SII		Mucin perse of wind, The Coate



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

12150 CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o STATE **b.** COUNTY MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If autside corporate limits, write be c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) D Crownsville Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Anne Arundel General Hospital NAME OF First Middle Lost 4. DATE Month DECEASED DEATH (Type or print) W17.1 Robinson November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH 902 9 AGE (In years campletely lost birthday) DIVORCED | WIDOWED X yrs Male Negro papers. 10a. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of yorking/11e, even if retired) BIRTHPLACE (State or foreign country) ulrares ond 13. FATHER'S NAME physician à remave 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending TB. CAUSE OF DEATH [Enter only one couse per ham foo(o), (b) ā PART I. DEATH WAS CAUSED BY: DUE TO ò Canditions, if ony, which been signed gove rise to immediate be DUE TO cause (o), stating the under lying cause last, **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 39 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc. VEDI Hour o. m. While Not while After this at work p. m. ot work 21 I certify that (I) (this haspital) attended the deceased fram... saw the deceased alive an November 60 and that death accurred at Fe coined by the PERAL DIRECTOR: A should be detach 22º SIGNATURE A.M. STAFF PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL Aris T. Cathedral Street 23a BUR AL CREMATION REMOVAL (Spenty) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, Iown,

Page funeral certificate be executed

o VR A15 (4)

15M 9/59

Anne Arundel

Day

Days

Months

26

F UNDER 1 YEAR IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY?

Hours

IS RESIDENCE

ON A FARM? YES NO

Year

19 60

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO R

(County)

(State)

22b DATE 5 GNED

M. from the causes and an the date stated above.

Annapolis, Md.

(Slote)

250. RECID-BY REGISTERS

256. REGISTRARIS SIGNATURES

DATE





12151

						A
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who state Maryla	4	COUNTY .	Arundel	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF o	outside corporote lim - Edgewate		give nearest low	n)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Anne Arundel General Hospi	t oddress)	d. STREET ADDRESS			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Lottle	Middle	SHERBERT	4. DATE OF DEATH	Month November	Day 14	Year 19 60
S. SEX 6. COLOR OR RACE 7 MAR Female White WIDOW		B. DATE OF BIRTH September 14,	teol	E (in years birthday) 79 yrs HEUNDER	Days Hours	1
10a USUAL OCCUPATION (Give, kind of work done 10b during most of working life Jeven if retired) 13. FATHER'S NAME	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote Marylar 14 MOTHER'S MAIDEN N	ıd		U.S.	COUNTRY
Stephen Suite 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	, SOCIAL SECURITY NO. 17 IP	A MA	Soite	Address		181
[Yes, no, or unknown] [If yes, give wor or dote of service]	ine for (e), (b), and (c)	Vies Admai	arrinose	. Edge	INTERVAL B	SETWEEN
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	ronie mys	du ditions	7.		394	
PART 11. OTHER SIGNIFICANT CONDITIONS Significant conditions	Arxsis.				PERF	ORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in t	Port I or Port II of it	tem 18.)		
Ö Hour o m. While	E-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		n) ((County)	(Stote
21 I certify that (I) (INDESTRUCTION Saw the deceased clive an Nav. 14. 220. SIGNATURE 22c. PHYSICIAN SNAME (Type) F3 man C. Idaha	1960, and that c	M D PHYS. D	.M, from the co	auses and an th	e date stated	
230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY 9			Annapolis City, town, organity) DUA Ver		ove)
24 FUNERAL DIRECTOR'S SIGNATURE	Salesville P	MR II	D BY REGISTRAN	256. REGISTRARS SI	S. Thoma	

the attending physician and completely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hz may be reformed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: Aftim this mertificate mas been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 o the State Board of Health prior to burial, cremation, or removal, and in any everythmistin 72 hours after death. TO HOSE

VR A1\$ (4) 15M 9/59

2. ofter death. Page 4



12157

-										71070	*
1.	PLACE OF DEATH o. COUNTY	Anne Arunde	a]	MARYLAND	2. USUAL RESI	Maryl	_	lived. If institution b COUNTY			
	RURAL and give	(If outside corporate limit nearest town)		c LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	utside corpori	ate limits, write RU	Anne Ar		
	d. NAME OF HOS	PITAL (if not in haspital, g	ive street	address)	d, STREET	Annapa ADDRESS	olis			e. IS RESIDENCE	CE
	OR INSTITUTION	5 Dean St	reet		1	5 Dear	Stre	et		YES NO	
3	NAME OF DECEASED (Type or print)	MARY		Middle IZABETH	SMITH	a†	4. DATE OF DEATH	Novemb		Day Yeor	0
5.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	8. DATE OF BIRT	Ή	,	9. AGE (In years lost birthday)	IF UNDER TYE	AR IF UNDER 24	HRS
_	emale	White	WIDOWS		Feb. 9,			93 yrs	Months Day	rs Hours Mi	iin.
	At home	FION (Give kind of work of orking life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDI		IACE (Stole of	or foreign co	untry)	U.S.	OF WHAT COUNT	TRY?
13.	FATHER'S NAME				14. MOTHER'S		AME				
	George	Armen			Fra	nces l	1cKell	y			
DY.	WAS DECEASEDE is, no. or unknown) NO.	VER IN U. S. ARMED FOR			nformant cs. Cathe	rine S	Smith	4604 Gl		ve.	
	PART I D	immediate DUSTO	a	Zotemia Terioscle	ريادي	geno	rali!	zeel		NTERVAL BETWEE INSET AND DEAT 4 Clays	
	lying cause los	t. (c	<u></u>	enal fur	refficien	cy-	-			210021	
CATION	PART II. C	THER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBLTING TO DEATH BU	IT NOT RELATED TO	THE ERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o	1) 19. WAS AUTOF PERFORMED YES NO	7
CERTIF	200. ACCIDENT NO CONTRIBUTION (IF EITHER, NOTICE	WAS UNDERLYING DATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in P	ort I or Port	11 of item 18.)			4-6
MEDICAL	20c. TIME OF INJ Hour o. n	10	While	Not while f	LACE OF INJURY octory, street, office			or lown)	(Count	(58 (58	tole)
	/ [ed the deceased fram.	- 11 1 -					that (I) (we) i ite stated aba	
	22a SIGNATURE	mo K. th	att		M.D PHYS		D RECTOR [STAFF PHYS.		22b, DATI SIGN	
	220 PHYSICIAN'S	DAMES F	2. 1	PARTIN	6 S	ESS HAW_	5/1	AIXNAI	POLIS	MD.	
١.	BURIAL, CREMAT REMOVAL (Speci Burial	10N. 236 DATE THEREO		23c NAME OF CEMETERY C				ON (City, town, o		(State)	
24 U	FUNERAL DIRECTO	neral Home,	4210	Belair Road.		250 RECTO	Vª 2 RECISTR		TRAR'S SIGNAT		

TO HOSIC COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr., may be cardined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the cardinal has data that for use as the huricilization remain. Then places remove contract process.

are ofter death Page 4 5 by the funeral director,

VR A1S (4 15M 9/59

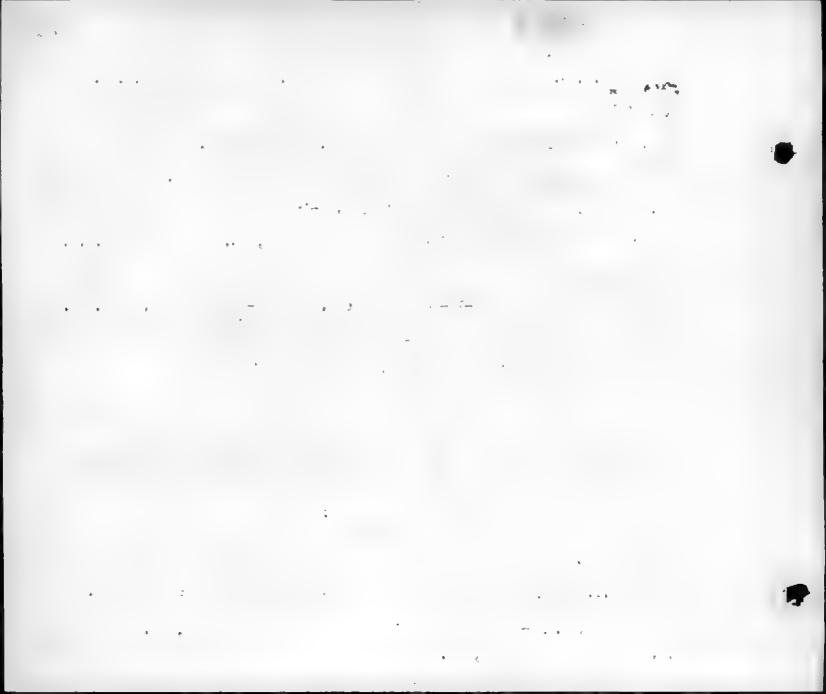


MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE
b. COLINTY b. COUNTY

PLACE OF DEATH

~ =	100	".L	Renauce	Mule R.A.OO.	
funerof			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
fer Plan			Annagolis 4 Days	Annapolis	
sha			d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDE	ENC
92			Anne Arundel General Hospital	52 W. Washington St.	
- 6	7	3	NAME OF First Middle	Lost 4. DATE Manth Day Yes	ar
es			(Type or print) James Oliver	Snowden DEATH NOV. 10 19	60
ğ		5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	
			WIDOWED DIVORCED	Feb. 3-1898 last birthday) Manths Days Hours	Min
١.	<u>.</u>	1	00. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND		UNT
	9		during most of working life, even if retired) ***********************************	Annapolis, Md. U.S.A.	
	7	1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	# A	/	George Snowden	Rachel Wooten	
	nog .	1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	
-	7	,	Yes, no, or ueknown) (If yes, give wor or dates of service) 214-14-1498	Floyd O. Snowden-120 South St. Anna. Md.	
1	Ē	==	18. CAUSE OF DEATH [Enter only one cause per fine far (a), (b), and (c).]	INTERVAL SETW	VEEN
	<u>×</u>		PART I, DEATH WAS CAUSED BY:	the total Manager on SET AND DI	EATH
	ven		IMMEDIATE CAUSE (a)	0	O 60 24 H Mir
	<u> </u>		Condition if any which	Givien now outer	
	ō		gave rise to immediate	0,00000	
	<u> </u>		cause (a), stating the under:		
i	5	1		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AU	TOP
2000		CAN	3	YES 1	
G		127		ED. (Enter noture of injury in Part I or Part II of item 18.)	
o,					
Tigh		1	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) actory, street, office bldg., etc.) !	(Sto
ещо		2	Hour a.m. p. m. 19 at work at work	serviti anneri arme maggi citi.	
5			21. I certify that I attended the deceased from 11 a		200
250				h occurred at 1.30 H.M. from the couses and on the date stated a	
0			1000		
20	Î		SIGNATURE KIK KILL WOW ON	M.D.	
Į,		П			
200			PHYSICIAN'S R.L. RICHARDSON	110 Clay Street Annapolis, Md.	SIDENCE STARM AUTOPPER AUTOPPER SIGN
1000	Ď	2	20. BURIAL, CREMATION, 22b. DATE THEREOF Z2c NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, lown, or county) (State)	
Je J		E	REMOVAL (Specify) Nov. 13-60 Brewer Hil	Annapolis, Md.	
-		2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	
			C.E.Hicks 111 Annapolis, Md.	DATE NOV 1 5 '60 Circlus & France	
		-			



FOR STATE HEALTH DEPT TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the large is necessary, please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bosine. The little or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY \$10.59 12181) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

*		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) e. STATE b. COUNTY								
		MARYLAND MARYLAND	7								
		b. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest lown)								
		The state of the s	X Ja me								
,		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address)	d. STREET ADDRESS o. 1S RESIDENCE ON A FARM?								
		14 Prookfield Ed.	Some YES NO T								
		NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
		(Type or print) Joly William Storling Sr.	DEATH Hovember S. t 19 (0)								
	5.		8. DATE OF BIRTH 9. AGE (In years, If UNDER 1 YEAR IF UNDER 24 HRS.								
		WIDOWED DIVORCED	lest birthdey) Months Deys Hours Min.								
		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired)	RY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?								
_		Lab. Technician	n Pagadana Md.								
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	1	Tiv. Halins	Tulita dlison								
_		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s. no. or unknown) ! (Ifyesgive werer detesof service)									
		77	s. andreg stallings								
	Ĩ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN								
		PART L DEATH WAS CAUSED BY: Darting Documentation	on, by slooting line If all olin								
		976 × DUE TO									
	Н	Conditions, if any, which to Wit a 12 Jaure	singly be will slot un sull' n								
		geve rise to immediate cause									
		(a), steffing the underlying Durio									
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY								
5	ATIC		PERFORMED? YES NO [7]								
	CERTIFICATION		Enter neture of Injury in Part I or Part II of Itam 18.)								
	ä	PRIMARY Exor CONTRIBUTING As described in . 1	**************************************								
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL									
	WEDICAL	7 6 7 7 7 /	fory, street, office bldg., etc.) One. 174rooki icld l.d. Farm cor. d.								
		21. I certify that I took charge of the remains described above, he									
		death resulted from: Natural causes Accident . Suid	ide V. Homicide . Undetermined manner								
		1. India 171)	CHIEF MEDICAL EXAMINER								
		ACTUAL PLANTANE NOTICE COLLEGE ASSISTANT MEDICAL EXAMINER TO DATE SIGNED									
		SUBSTITUTE /	DEPUTY MEDICAL EXAMINER A 12/2/40								
		EXAMINER'S NAME (Type) CHIST IN	Addrass (Street, city, town, or county)								
	220	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, fown, or country) (Sieta)								
	1		hurch Cery. PASADONA M.								
0	23.	FUNERAL DIRECTOR Soften Con ADDRESS /	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
-		Heppinie + KIRKIGEY, GlenBur	NIF DATE DEC 6 '60 Orthur S. Krous								
	_										

, L

12190	CERTIFIC	AIE OF DE	AIH				()
PLACE OF DEATH		2 USUAL RESIDER	VCE (Where decease	ed I ved. If institute	on: Residence bel	are admissi	on)
Anne Arundel	MARYLAN	Maryla	nd	Anne	Arundel		
b CITY OR TOWN (If outside carparate limits, w RURAL and give nearest town)	write c. LENGTH OF STAY IN	1b CITY OR TO	WN (If outside corp	orote limits, write RI	JRAL and give n	nwot teanne)
Crownsville	4mo. 21 day	s Davids	onville				
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADD	RESS			e. IS RESI	DENCE FARM?
Crownsville State Hos	spital	Route	1, Box 52	2		YES [NO 🔼
NAME OF First	Middle	Last	4. DATE	Mon	ih E	Day 1	Year
(Type or print) Wils	son James	Stewar	t OF	11	. 2	8 1	19 60
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF JNDER 1 YEA		
Male Negro w	IDOWED DIVORCED	March 3,	1888	72 yrs	Months Days	Hours	Min
a JSUAL OCCUPATION (Give kind of work dang during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN		OUNTRY?
Farm Hand		Ma	ryland.		U	.S.A.	
FATHER'S NAME		14 MOTHER'S M	AIDEN NAME				
Jacob Stewart		Eli	zabeth :	?			
(s., WAS DECEASED EVER IN U. S ARMED FORCES		7, INFORMANT		Addr	ress		
Unknown	214-30-5556	Hospital 1	Records				
18 CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c)]		<u> </u>		IN C	TERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	Bronchop	neumonia				43EL VIAD	DEATH
	Chronic Brain S		ociated w	rith Cereb	ral		
Conditions of any which		-	osclerozi				
gove rise to immediate		393 VVA 4	0001010				
lying couse last.							
PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19 WAS	AUTOPSY
							NO 🗌
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of i	njury in Port I or Po	ort II of item 18 }			
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
		 PLACE OF INJURY (Ho factory, street, affice b 		ity or town)	(Count	у}	(Stote
Havr a. m	of work at work		1		-		
21 I certify that (I) (this haspital) a	attended the deceased fro	om 7/7	2. 18060 to	11/28	19 60	that (I) (we) las
saw the deceased alive on1		at death accurred	2140				
220 SIGNATURE	1/1					22	b DATE
1/1/2424	elet wo	M.D PHYS	DIRECTOR	STAFF PHYS		11/2	29/60
22c PHYSICIAN'S NAME (Type) T. Bon	32.4 32 3	72d. ADDRES					
L. Ben	medict, M. D.	Crowns	sville St	ate Hospi	tal, Mar	yrand	
30 BURIAL, CREMAT ON 236 DATE THEREOF	2 NAME OF CENTETE	RY OR CREMATORY	23d LOC	ATION (Sity, town,	or county)	, LStol	e) /
Burney 12-1-6	Davido	orquille	Klei	udeonse	EC/1/1	17	nd
4 -FUNERAL DIRECTOR'S S GNATURE	ADDRESS		So. REC'D BY REGI	STRAR 2Sb REGI	STRAR'S & GNAT	URE	,

25o. REC'D BY REGISTRAR

DATE DEC 2

arthur S. Henris

ADDRESS

may be examed by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled of page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr TO HOSE

S after death Page 4

2 should be filed with y the funeral directar,

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VR A1S (4) ISM 9/59

24 FUNERAL DIRECTOR'S S GNATURE

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accest cose. (State)

arthur S. Huma

	12131		CERTIFIC	ATE OF DEA	.IH					
O. COUNTY Anne A	rundel		MARYLAN	2. USUAL RESIDENCE a. SMErylai	E (Where decease	ed leved. If instituti b COUNTY		more (
b. CITY OR TOWN (RURAL and give n Crowns		its, write c. Li	Byrs 29 da			oorate limits, write R	tURAL and give	e nearest law	en)	
OR INSTITUTION	TAL (If not in hospital, or le State H		255}	d. STREET ADDR		21	-	ON.	A FARM?	
3 NAME OF DECEASED (Type or print)	C1.	ara	Middle	Stovall.	4 DATE OF DEATI	мог н 1 3	L	19	Year 19 60	
s. sex	6. COLOR OR RACE	WIDOWED X		August 6,	1897	9, AGE (In years lost hirthdoy) 63 yrs	Months Do	YEAR IF UND	Min.	
during most of wor	king life, even if retired	done 10b. KIND	OF BUSINESS OR IN	IDUSTRY 11 BIRTHPLACE	land	country)		S.A.	COUNTRY	
13 FATHER'S NAME Unknown				-	a Samuel	Ls				
15. WAS DECEASED EV (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of		AL SECURITY NO 1	7. INFORMANT Hospital	Records	Add	dress			
18. CAUSE OF DE PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE ((o) (b), ond (c)] 3 3 1 1 0 11	of Food car	usin; Ju	iffocatio	n	INTERVAL B ONSET AND	BETWEEN D DEATH	
	Conditions, if ony, which) (b) Choked Food in Pharynx and Larynx N/933' /A Minute									
gove rise to immediate couse (a), stating the under-lying couse last Central Nervous System Symilis Part OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19										
PART H OT Chron: 200 ACC DENT W OR CONTRIBUTION (IF EITHER, NOTIFY	te Brain Sy	ndrome	associated	BUT NOT RELATED TO THE with Centra	TERMINAL DISEA	as System	Syphil	Lis YES	PKMEDY	
	AS UNDERLYING AS G CAUSE OF DEATH MEDICAL EXAMINER)			RRED (Enter noture of Ingle			articl			
20c. TIME OF INJU	RY Month, Doy, Ye	6 White of Work	Not while _	PLACE OF INJURY (Home factory, street, office bld	e, form, 20f. (Ci g., elc.) Crow	ity or town)	(Cor	A	(Stote Md.	
21 Ficertify the	21 I certify that (I) (this hospital) attended the deceased from Sept. 20. 12.57, to Nov. 19									
220. SIGNATURE	jord leav	a len	ma	ATTENDING PHYS	MED DIRECTOR	STAFF			226.DATE SIGNE	
22c PHYSICIAN'S NAME (Type)	Hildegard	Heard F	Reissman, l	22d ADDRESS Crownsy	rille Sta	ate Hospi	tal, Ma	arylan	d	
230 BURIAL CREMAT		960 2	NAME OF CEMETER	lum Em	ilan	ATION (City, town,	or county)	(St	ote)	
24 FUNERAL DIRECTO		~	ADDRESS	1/- 0/0- 250	REGION REGI	SJRAR 256 REG	ISTRAR'S SIGN	KATURE		

may be refained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled ... by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, ar removal, and to apply event, within 72 haurs after death. TO HOSE VR A1S (4) 15M 9/S9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 highs ofter death. Page 4

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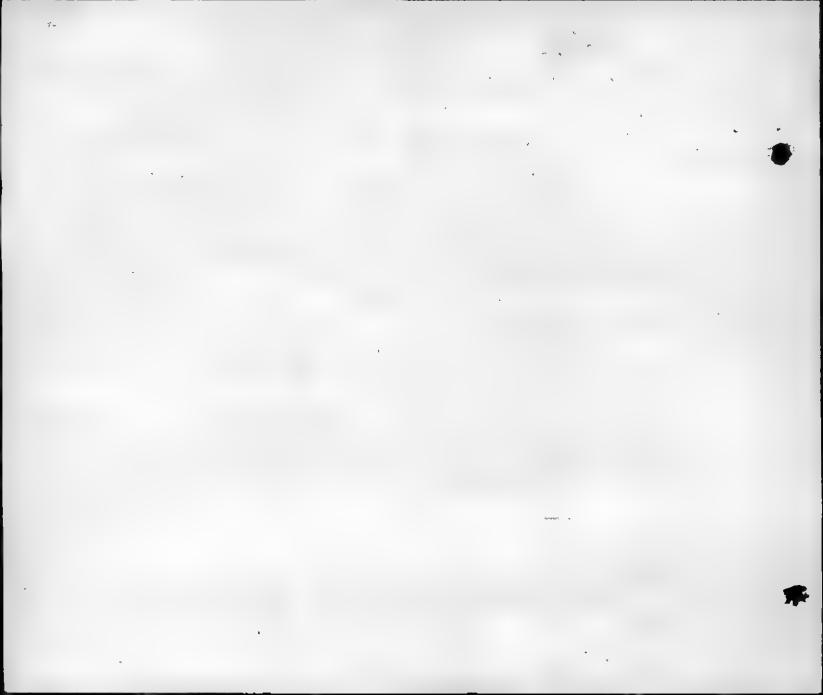
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3		12192 CERTIFICATE OF DEATH	
	1, 6	PLACE OF DEATH O COUNTY HIN ARUN de MARYLAND 2 USUAL RESIDENCE (Where deceased lived I institution, Recounty HIND ARUN de b. COUNTY HI	dence before admission
)		b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL CHANGE CHANGE CONTROL CONTR	and give nearest town)
	1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 109 MAPPLE AVE. GLEN BURNIE 109 MAPPLE AVE. GLEN	Sunting YES NO 12
		NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) No. Suit - 4. DATE OF DEATH NOV.	24 1960
	1	Female White WIDOWED DIVORCED NAME 12 1924 36 YO	
	10a	House Island	CITIZEN OF WHAT GOUNTRY?
	13	THER'S MAME HONY SIMONE 14. MOTHER'S MAIDEN NAME CONTE	enti
	15, (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 10. OF UNKNOWN) III yes, give war or detes of serv ceil 039-09-5344 Edward C. Suitt (Classes)	naple Hier
		PART I, DEATH WAS CAUSED BY: POSPIRATORY FAILURE	ONSET AND DEATH
		Conditions, if any, which (b) Fulnowany Meras TASES	3 mos
		gave rise to immediate couse (o), stating the under- lying cause lost. (c) Adono Carcinoma Sigmaid Colon	1 18mo
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART I(0) 19 WAS AJTOPSY PERFORMED? YES NO [4]
	l 1		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Nat while of work of work of work 19 at work 19 Nat while of work 19 Na	(County) (State)
		21 I certify that (I) (this hamital) attended the deceased from 7/10/193192, to 11/24, sow the deceased alive on 1/23 1960, and that death accurred 6) 13 M, from the causes and or	19,60, that (I) (we) last
1		276 SIGNATURE J.W. Nichard M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. C	226, DATE SIGNED
1		22. PAYS CIAN'S RIVI PRICHARD 22d. ADDRESS COTTERRO GIO	n Burnisp
		Burial 236 Date Thereof 23c Name Of CEMETERY OR CREMATORY 23d LOCAT ON (City, fown, or co. Burial 11/28/60 Baltimore National Cem. Baltimore.	,,
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	
		Howard H. Hubbard 4107 Wilkens Avenue DATE NOV 28'60	

by the funeral director, 2 should be filed with rs ofter death. Toge Quo OF ATTENDING PHYSICIAN: The Ew requires that the death certificate be executed within 24 ha may be contined by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached far use as the buriol-transit permit. Then please remove carbon popers. Pages 1 of the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death. TO HOSE VR A15 (4) 15M 9/59



		16	194		CEKHIF	CAI	E OF DEATE	1				
	1. PLACE OF D a. COUNTY		ne Arund	el	MARYL	AND	2. USUAL RESIDENCE (Mary)	_	lived If institut of b COUNTY		before odm	
	RURAL on	napoli:			LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF		ate limits, write RI	JRAL and give	e nearest to	wn)
	 OR INISTI 	TUTION _	f not in hospital, General		_		d. STREET ADDRESS 52 W. Washi	ington	St.		ON	ESIDENCE A FARM?
1	3. NAME OF DECEASED (Type or prin		Albei		Middle		TATES	4. DATE OF DEATH	Novem		Day 15	Year 19 60
	s sex Male		Negro	WIDOWED	h-y		DATE OF BIRTH 3-9-190) /	9. AGE (In years last hirshday) yrs.		ays Hour	rs Min
in its	during mos	st of warking I	Sive kind of work life, even if retired	done 10b Ki	OF BUSINESS OF	RINDUST	new	Tort	news 2	1 12 CHIZE	SI OF WHAT	A ,
	13. FATHER'S N	IAME	?				14 MOTHER'S MAIDEN	NAME				
	15. WAS DECEA		U. S. ARMED FOI , give war or dates of		OCIAL SECURITY NO.	17 INF	ormant Rec	ords	Addr	ress		
		RT DEATH V	Enter only one of VAS CAUSED BY, MEDIATE CAUSE ()	1	for int. (b), and (c)]	ر ا	Liver				INTERVAL ONSET AN	
	gave ris	ins, if any, se to imme , stating the p use last,	which)	6	hrei 1	(ech	wholese				301	Ks.
Û	CATION	rt II. OTHER S	IGNIFICANT CON	NDITIONS CO	NTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19 WA PERI YES [FORMED?
	OR CONTR	NOTIFY MED	NDERLYING [] CAUSE OF DEATH NCAL EXAMINER)	20Ь. DESCR			(Enter nature of injury in					
	\sim	OFINJURY A a.m. p.m.	Aonth, Day, Ye	While at work	_ Not while _	20e. PLA: fack	CE OF INJURY (Home, far ory, street, office bldg., e	rc.)		(Cou	uniy)	(State
	saw the	deceased	olive on NO		d the deceosed 19_60, and		oth occurred of			, 1960 Id on the c		
	22a, S GN/ 22c PHYSH	They.	olar to	1- /	four fly		8:20	P.M.	STAFF PHYS		_11/	Siche
I	NAME	The	eodore H	· Sohn	son		37 Calver	t St.,	Anna pol	is, Md	•	
	230 B) RIAL C	Specify	11-20-	1960	230 MANE OF CEME	ery or	CREMATORY .	an	ION (City, town,	dis	m	tate
	24 FUNERAL D	PRECTOR'S SIG	SNATURE	240	ADDRESS.		250. REC	DV 1 7 '6) / -	STRAR'S S GR		

after death. Page 4

2

Then please remave carbon papers. Pages I and 2, should be Illed with y the funeral director. may be "-Canned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSE VR A1S (4) 15M 9/59 The state of

225 DATE SIGNED

(State)

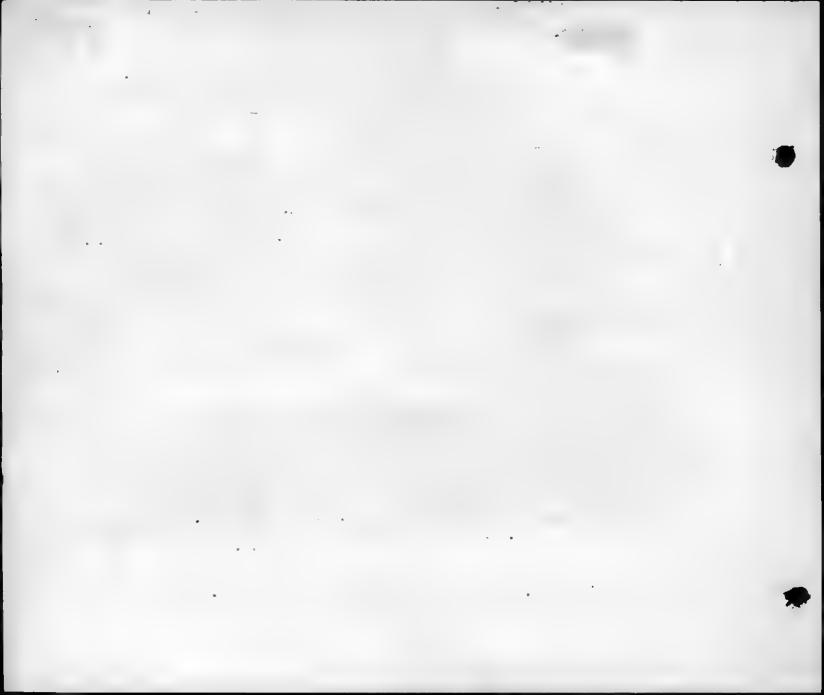
Constant J. Person

2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)

1. PLACE OF DEATH

	•	/	1
Page 4	irector,	Section in	N
TO HOS! Cor ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24	may be revained by the haspital ar offending physician. TO FUNERAL DIRECTOR: After this cartificate has been stand by the attending observing and campletely filled in by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	0
led within 24	noletely filled	ers. Pages 1	after death.
ficate be execut	vsician and can	ove carbon pap	within 72 hours
the death certif	ne aftendina ob	hen please remo	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
requires that	non. en staned by th	nsit permit. Ti	or removal, or
CIAN: The law	may be retained by the haspital ar offending physician.	s the burial-tra	ial, crematian,
NDING PHYSI	e haspital ar o	sched far use o	of the prior to bur
A OR ATTE	AL DIRECTOR	hould be deto	Board of Hea
TO HOSP	TO FUNER	page 3 s	the State

Page :	FIN	1)		. COUNTY	Anne Aru	ndel	MARYLAND	o. STATE Maryla	und	b. COUNTY	Anne Aruno	iel
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s after	25 ()	63		OR INSTITUTION	AL (If not in hospital, g 1 General			d. STREET ADDRESS				S RESIDENCE ON A FARM? ES NO X
•	<u>- 8</u>			AME OF	Fin	st	Middle	Last	4. DATE	Month	Day	Year
24	ed ⊕ .			DECEASED Type or print)	Sara			THOMPSON	OF DEATH	November	9	1960
hin.	- deo de		5. 5	EX		7. MARRIED NI	EVER MARRIED 🖂	B. DATE OF BIRTH	1	P. AGE (In years III	UNDER I YEAR IF	UNDER 24 HRS
ad wi	pletel ars. P after			emale	Negro	WIDOWED [DIVORCED 🔲	February 1, 1		55 yrs		ours Min.
ico t	od bo	,	10a	USUAL OCCUPATION duting most of works	N (Give kind af work one had been been been been been been been if retired)	Jane 106, KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign co	untry)	12. CITIZEN OF WI	HATCOUNTRY
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Pe	200	T	13.	FATHER'S NAME	1.	7 6	: /-	14. MOTHER'S MAIDEN N	IAME	0	·LC	
ate		_#	Y	4	un 1	h work	ett	Joseph	Me	-8-1721	Uti	
certific	ng phys remov event, v				IN U.S. ARMED FOR f yes, give wor or dates of s		ECURITY NO 17, II	orter tel	milasi	EM: (b)	i repte	20 1110
dto	agos u.y.u			TB. CAUSE OF DEAT	TH [Enter only one co	use per Jing for (a),	(b) and (c) /	//	7			AL BETWEEN
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IAN:	ficate the by al, cre		. CERTI	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIBE HOT	A INJORT OCCURRE	D. (Enter nature of injury in	ran i or run	II di Nem 15.)		
25.5	ouri ouri		Š	20c TIME OF INJURY	Month, Doy, Yes		l la	ACE OF INJURY (Home, form ctary, street, office bldg., etc.	20f (City	ar tawn)	(County)	(State
E 2	5 5 5		MEDI	Hour a m. p. m.	19	While Not of work at w	AALIII	arry, and a control and graph of the	1			
ING Uspite	ffer t d far priar			21 I certify that	(1) (discination) attended the	deceased fram	Nov. 4. 19	60, to 1	Vor. 8,	_, 19 <u>6.0</u> _, that	(I) (VEC) los
S e	S S S S S S S S S S S S S S S S S S S			sow the decease	ed alive an_No	V. 8 19	60 pand that a	death accurred at	M, fram I	the causes and	an the date st	ated abave
TTE y H	E 6 1	a		220 SIGNATURE	11	31.	4	5:45	A.M.			22b DATE SIGNED
≪ .0	o B			$-\omega$	lland 1	mu		M.D PHYS DI	RECTOR [STAFF PHYS	11,	/9/60
o in	클릭			22c PHYSICIAN'S NAME (Type)				22d. ADDRESS				
e e	KAL Shot Bo				Willard F.	Smith		Shadysid	le, Mo	l.		
SF. be	NER o 3 s	1	23a		V. 23b DATE THEREC	F 23c NA	ME ON CEMETERY	CREMATORY	234",LOCATI	ON (City, lown, or,	county)	(Stole)
	page 3	No		REMOVAL (Specify)	11-13-1	960 XZ	illatt	reno	XILL	cluxed	2 101	(k:
5 -	<u>۵</u> 🛨	la .	2	FUNERAL DIRECTOR'S	SIGNATURE	ADO	RESS	1 2 /7 250 REC	D BY REGISTE	RAR 256 REGISTI	RAR'S SIGNATURE	
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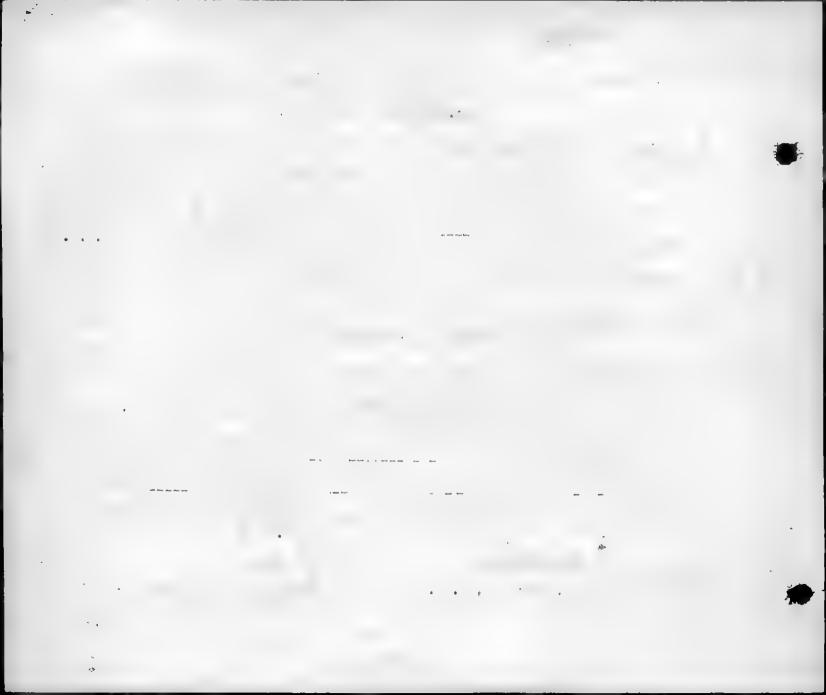
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

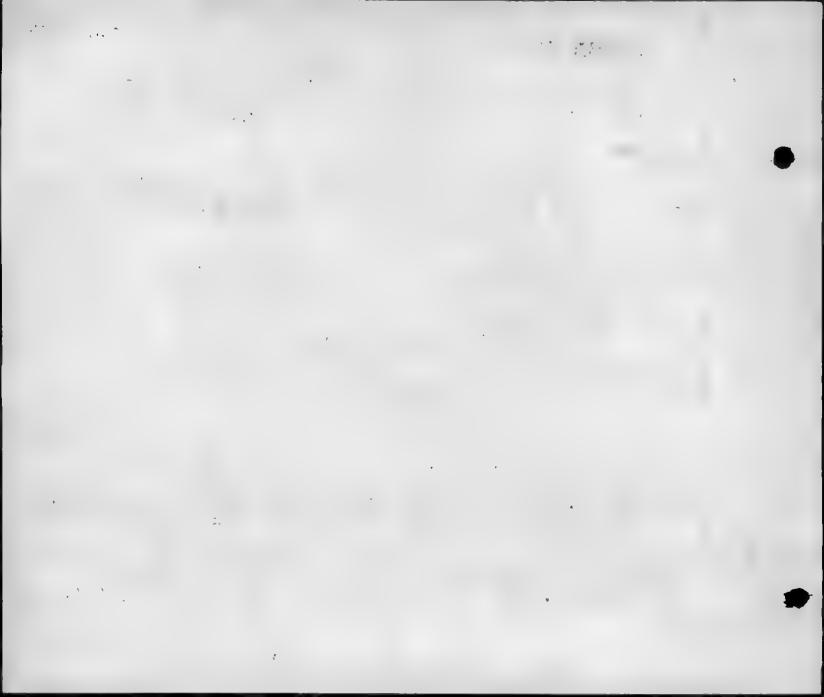
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76100	CERTIFICA	TE OF DEATH		
1 PLACE OF DEATH o. COUNTY				ution: Residence before admission)
Anne Arundel	MARYLAND	Maryland	Bal	Eimore City
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, Write	RURAL and give nearest town)
Crownsville	6mo. 13 days	Baltimore	and the state of t	1 . 40
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State Hospi	tal	2533 Woodt	rook Avenue	YES NO
3. NAME OF First DECEASED	Middle	Lost		lanth Day Year
(Type or print) Lula		Torrence	DEATH	11 1 160
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday	75 IF UNDER 1 YEAR IF UNDER 24 HRS 7 Months Days Hours Min
Female Negro WIDOW		1880		
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
Unemployed			rth Carolina	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Unknowa		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) [15 yes. give war or deten of service]	SOCIAL SECURITY NO. 17.1	NFORMANT		ddress
No	Unknown	Hospital Re	cords	
18 CAUSE OF DEATH [Enter only one couse per	line far (o), (b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Uremia + Septi	cemia		3000
6 00 O DUE TO				
Conditions, if any, which) (b)	Suppurative Ne	phritis		
gove rise to immediate cause (o), stating the under-				
lying couse lost.	Purulent Cysti	tis		
PART II. OTHER SIGNIFICANT CONDITIONS			INAL DISEASE CONDITION	GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT ONS				YES O INO
200 ACCIDENT WAS UNDERLYING 200 DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18)	
		155-11115	Tess to	
O TIME OF INJURY Manth, Day, Year 20d White	e Not white fo	ACE OF INJURY (Home, farm clery, street, office bldg etc		(County) (State)
21 I certify that (I) (this hospital) atten	ded the deceosed fram.	7113	56 to 11/1	1960, that (I) (we) last
sow the deceased affe an 11/1	19_60, and that a	deoth accurred of	M, from the couses	and on the date stated above.
220. SIGNATURE			ED. STAFF PHYS	22b DATE 11/1/60
22c PHYSICIAN'S NAME (Type) L. Benedic	et, M. D.	22d. ADDRESS		spital, Maryland
		O CRESSIA TORY	Total LOCATION (C.	
230 BUR AL CREMATION, 236 DATE THEREOF REMOVAL (Specify) 10/14/14/16/5/66	MT. CALVA	M U	Coder H	n, ar county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC		GISTRAR'S SIGNATURE
6.0. W. LON 1	DOR BRANTLA	y Aug. DATE	3V 2 8 '60	Irlhung 9 Kings
		/ /		- Control





RYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 1SM 9/59

12196 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY MARYLAND Anne Arundel Montgomery c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) years I day Laystonville lmo. Crownsville d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO DO Unknown NAME OF First M. ddle 4. DATE Lost Month **Уеог** DECEASED DAKEN 1960 Warfield Elsia E. 11 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 13 yrs Months Days Hours Female 1887 Negro DIVORCED [WIDOWED I 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington. D. C. U.S.A. Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (a) DUE TO Dehydration and Inanition Conditions, if ony, gove rise to immediate DUE TO cause (a), stating the under-Senility lying cause lost. Part II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE, CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

Arteriosclerotic Cardiovascular Renal Disease and/Due to Arteriosclerosis YES NOZ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m White _blot_while of work of wark 21 I certify that (1) (this hospital) attended the deceased from ... 11/24 and that death accurred at A. M. from the causes and on the date stated above sow the deceosed olive 22a SIGN 22b DATE 28760 ATTENDING PHYS. MED. STAFF PHYS. M.D PHYSICIAN'S 22d ADDRESS NAME (Type) McHenry Lionel Mapp. Crownsville State Hospital, Maryland 23a BURIAL, CREMATION, DATE THEREOF 23d LOGATION (City town, or county) (Stote) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAL 25b REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

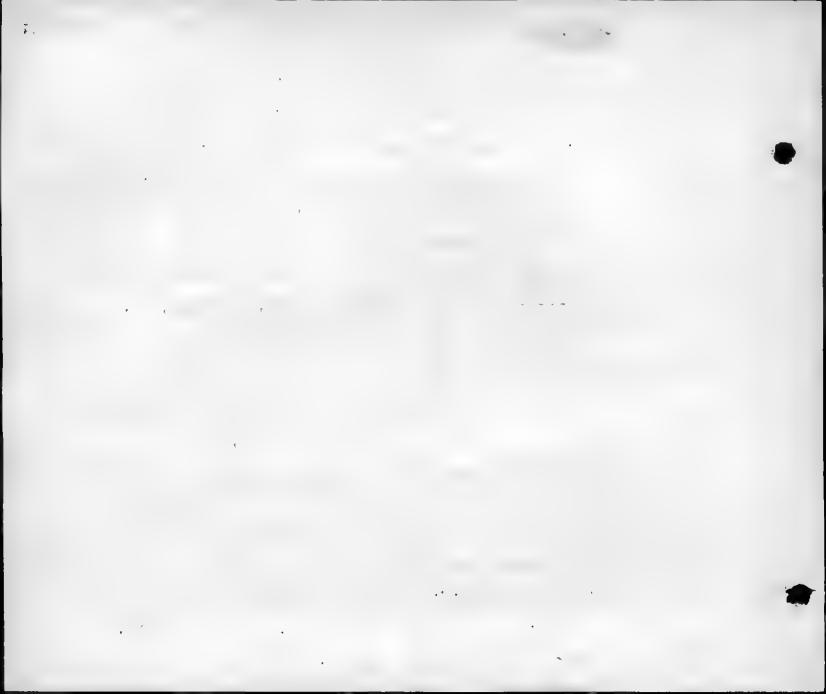
	1 (PLACE OF DEATH	nne Arund	el	MARYLA	11	USUAL RESIDENCE (Whe	era deceased	b COUNTY	on Residence	befor A	e admis	tion)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton 43 yrs					c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ** Odenton							
	-	or institution Odento	n Rd.	give street	address)		d. STREET ADDRESS Oden	ton	Rđ.			ON A	SIDENCE FARM? NO 3
	(NAME OF DECEASED (Type or print)	Mae	rst	Middle Dodd	ā	Watts	4. DATE OF DEATH	Mon No		13		Year 19 60
	5 S	emale	6 COLOR OR RACE White	7. MARR	RIED NEVER MARRIED		ar 25 , 18	83	9 AGE (In years last birthday) 77 yrs.	Months E	YEAR Pays	IF UND Haurs	ER 24 HRS Min
\		during most of we delicated the delicated th	arking l <u>if</u> e, even if retired	dane 10b.	Own Home		11. BIRTHPLACE (State of Mary	land	ountry)	12 CITIZ	US.		COUNTRY
)		XX	IKIIOWII		Uhler		, in the second			Burg	esi	B	
	15. (Yes	WAS DECEASEDE	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17 INFO		, Ođ	enton.				
	NO	Canditions, if gave rise to couse (a), statin lying cause los	immediate DUE TO)) :)	CONTRIBUTING TO DEAT	H BUT NO	Cardiova				1(0)	P. WAS	AUTOPSY DRMED?
	L CERTIFICATION	20a ACCIDENT I OR CONTRIBUTION (IF EITHER, NOTIC	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in P	ort I ar Pari	I II of item 18.)				NO
	MEDICAL	20c. TIME OF INJ Hour a. m p. m).	or 20d. I While at war	Nat while		OF INJURY (Hame, farm, y, street, affice bldg., etc.)		ar tawn)	(Co	ionty)		(5løte
ali.		saw the dece	not (I) (this hospito osed olive an #	l) attend			arch 19. th occurred at 2A.					stated	dabove
		22c. PHYSICIAN'S NAME (Type		bone ld	mald M	O. M.D	22d ADDRESS	RECTOR [STAFF PHYS	<i>a</i> =			SIGNET
	230	BURIAL, CREMAT	ION, 235 DATE THERE	DF	230 NAME OF CEMENT			23d. LOCA	TION (City, town,		<u></u>	(Sto	
-	24,	Hoppin	OR'S SIGNATURE	ELEV.	ADDRESS BUT	nie		BY REGIST	RAR 256 REGI	STRAR'S SIGN			

may be retained by the hospital or otherding physician.

TO BUNERAL DIRECTOR: After this cart ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please amove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or nemoval, and in any event, within 79 hours often death. s after death Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 1

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TO HOSP VR A15 (4) 15M 9/59

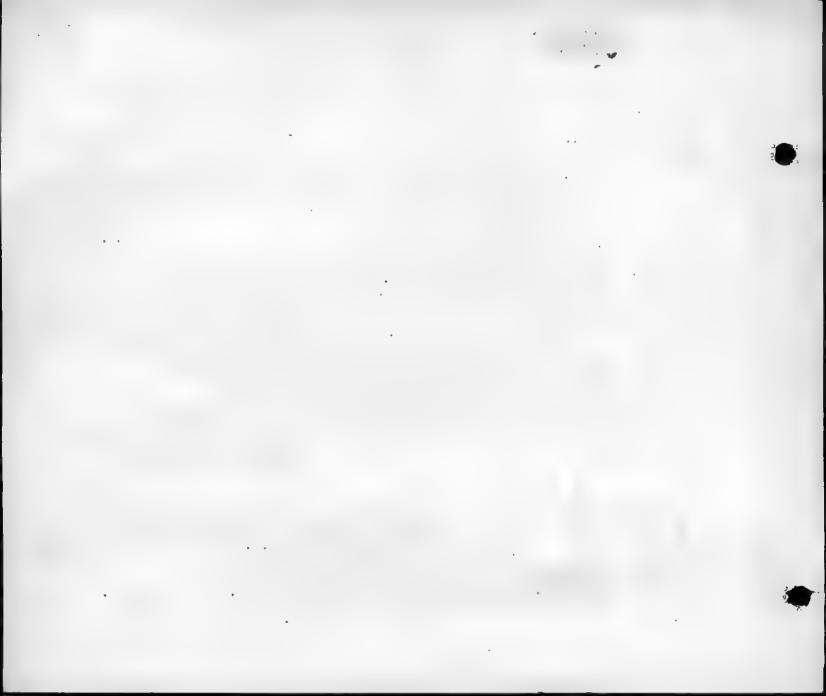


PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	a. STATE	ENCE (Where deceased	b. COUNTY		
b. CITY OR TOWN	(If autside corporate timits, wri	te c LENGTH OF STAY IN 16	-	Maryland OWN (If outside corpor		IRAL and give neo	
RURAL and give	nearest lawn)	3 days		RURAL - Riv		Ť	
d NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give str	eet address)	d. STREET AL				e. IS RESIDENCE
Anne Arunde	el General Hos	pital					YES NO
3. NAME OF DECEASED (Type or print)	Herber t	CARL	WICKST	OF	Novembe November		y Year
S. SEX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
Male	77 41	OWED TO DIVORCED	March 16	, 1899	fast birthday) 61 yrs	Manths Days	Haurs Min
100 USUAL OCCUPATION during most of wo	ION (Give kind af wark dane Irking ife, every retired)	TELEPITON	F New	York MAIDEN NAME	suntry)	U.S.	WHAT COUNTRY?
CHAF	ILES FORCES? (If yes, give your or dates of service)	16 SOCIAL SECURITY NO. 17	INFORMANT BOSTON	USTA L	ARSON Address	/ ess	2
1B. CAUSE OF DE	ATH Enter only one cause po	er line far (a), (b), and (c).	- i www.		y (M)		RVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	NTRACTARIA	FCOM	SESTILLE	FAILIA	ONS	ET AND DEATH
Canditians, if gave rise to cause (a), stating lying cause last	immediate g the <u>under-</u>	YDERTENSIVE	CACDIO	NECKAR	DISEN	Y U	ntaewa
PART II O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEASI	CONDITION GIVI	EN IN PART I(a) 19	9 WAS AUTOPSY PERFORMED? YES 100
20g ACCIDENT W	VAS UNDERLYING 206 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature al	Finjury in Part I or Part	II of item 18.)		
20c TIME OF INJU	. 10 W		PLACE OF INJURY () factory, street, affice	Hame, farm, 20f (City bldg., etc.)	ar tawn)	(Caunty)	(State)
,	ased alive an !!- 2	Beck	death accurred ATTENDING PHYS. 22d ADDRE	atM, from 3:10 A.M. MED. DIRECTOR []	STAFF PHYS	d an the date	
230 BURAL CREMATIC	12-3-60	230 NAME OF CEMETERY FERNCL	OR CREMATORY		TION (City, town, o	r caunty) NS	(State)
24 PUNERAL DIRECTO	R'S SIGNATURE Surs	andress	is mol-	DATEDEC 1 '60		LAM & KLOUE	

TO HOSE OR ATTEMBING PHYSICIAN: The low requires that the death certificate be executed within 2# hours ofter death. Page 4 may be revained by the hospital or attending physician.

TO FULLERAL BIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 should be Hetachell for use in the burial transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the Stole Board of Health prior to Lurial, crematian, or menoval, and in any eventy within 72 hours after death.

VR A15 (4) 15M 9/59



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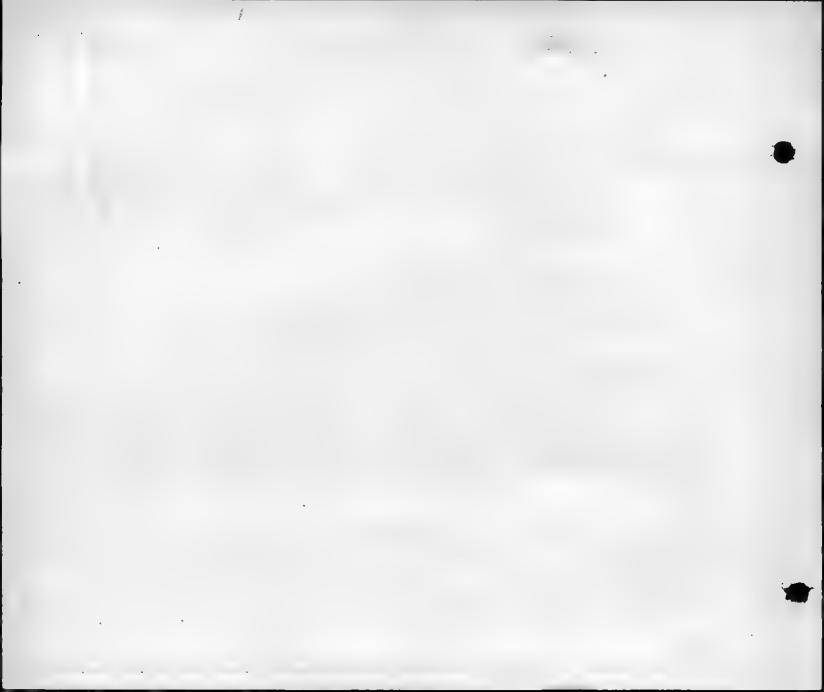
CERTIFICATE OF DEATH

	16131	<u> </u>		Reg. Di	st. No.
	PLACE OF DEATH e. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where do	iceased lived If institution: Residen b. COUNTY	ke before admission)
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 16	CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 211 FVILLORE		13.11 KIII	wet cart.	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	E Middle L	E 8 / 2 C 0	ATE Month FEATH // -/ 9 -	Poy Year
5.	SEX_ 1 6 COTOR OF RACE 7. MARRI		8. DATE OF BIRTH 10 - 30 - 73	9. AGE (In years IF UNDER lost birthday) Months	1 YEAR IF UNDER 24 HR Doys Hours Min.
Φ:	i. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fore	ingn country) 12. CIT	IZEN OF WHAT COUNT
3.	FATHER'S NAME () HINOS /	1/08	14. MOTHER'S MAJDEN NAME	ASI ?	
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17, 1	NFORMANT 7-	4 -) 411.E,	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. (c) (c)	e for (o), (b), and (c).]	ration Heart incretzes	dissince	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TERMINAL D		T 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NIBE HOW INJURY OCCURRE	D. (Enler nature of injury in Farr 1 i	ir rort ti of item is.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d IN Hour a. m. 19 While of work	Not white for	ACE OF INJURY Home, form, 20f ctory, street, office bldg , etc.)	(City or town) (C	County) (Stat
	21. I certify that I attended the decease alive on SIFE 6 0, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and that death		from the causes and on the causes ond on the causes of the	
20	BURIAL/CEPMATION, 226. DATE THEREOF REMOVAL (Specify)	220 NAME OF CEMETERY O	R CREMATORY 22d	OCATION (City, town; or county)	(State)
3.	FUNERAL DIRECTOR'S SIGNATURE	-ADDRESS	240. REC'D BY R DATE NOV 2		SNATURE Fraud

TO HOSP DR ATTENDING ENYICIAN: Tille last requires that the death certificate secreted within 24 arts after death. Par may be refaired by the haspital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. Should be detached for use as the burial-transit permit. Then please remove expan appears. Pages 1 and 2 should be fifed the registrar prior to burial, crematian, ar remayal, and in any event within 72 yours after death.

VS A15 (4) 15M 10/57



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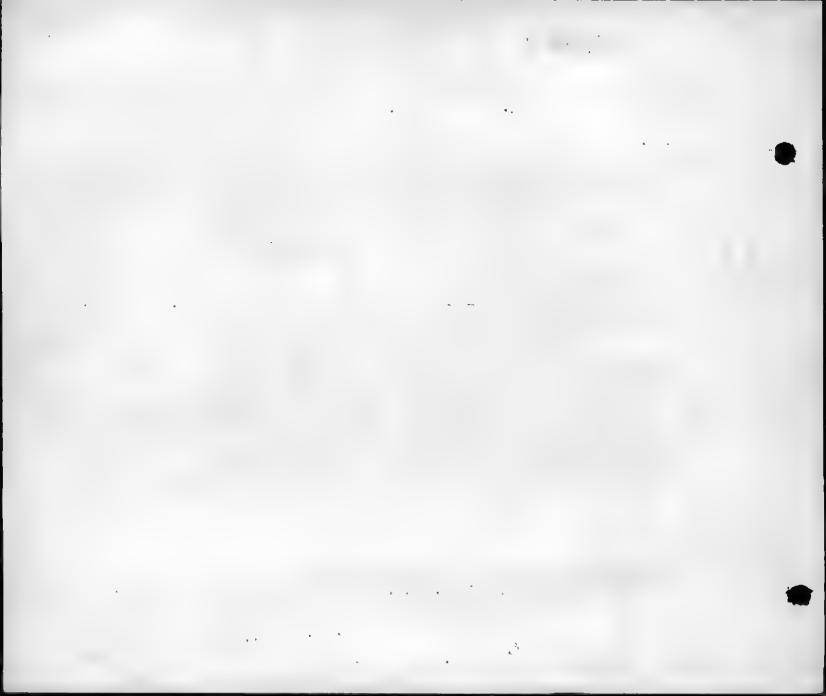
_						
	PLACE OF DEATH O. COUNTY Anne Ar	undel	MARYLANE	n STATE	nere deceased lived. If institution b. COUNTY	n: Residence before admission) 10 Arundel
	b. CITY OR TOWN	(If autside carporate limits, wr legrest tawn) G. Meade,	c. LENGTH OF STAY IN 18	b c. CITY OR TOWN (If a	utside carporale limits, write RU	RAL and give nearest tawn)
	d. NAME OF HOSPI OR INSTITUTION U. S. AT	TAL (If not in hospital, give st my Hospital	reel address)	d. STREET ADDRESS Dunrovin	Trailer Park	e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	fint STEP	Middle HEN L	WILCOX JR	4. DATE Manth OF NOVEME	,
	Male	Cau wid	AARRIED NEVER MARRIED OWED DIVORCED	20 June 1925	last birthday) 35 yrs	Manths Doys Hours Min.
	during mast at war Sold	king life, even if retired)	US Army	Elmira	, New York	USA
	FATHER'S NAME	Enown		14. MOTHER'S MAIDEN I	Enown	
15 (Ye	Yes	er in u. s. Armed Forces? (If yes, give wer or dotes of service) 1947 to date		Personnel Reco	rds Ft 'eo G.]	feade, Md.
		ATH [Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).] Anoxia			INTERVAL BETWEEN ONSET AND DEATH A days
	Conditions, if a		blood loss			
7	cause (a), stating lying cause last.	the under- DUE TO		intestinal blee		
CERTIFICATION	Rena	al shutdown				N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES X NO
		G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR			
MEDICAL	Haur a.m.	\w	od, INJURY OCCURRED 20e. Thile Nat while wark at wark	PLACE OF INJURY (Hame, form factory, street, affice bldg., etc		(Caunty) (State)
	21. I certify the	ot (I) (this hospital) at used alive on22_	tended the deceosed from Nov 19 60, and tha	m. <u>18 NOV</u> 19	60, to 22 Nov	_, 19_6Q, that (I) (we) lost I on the date stated obave.
	220 SIGNATURE	oward B	& man	M.D ATTENDING M	ED. STAFF RECTOR PHYS.	22 Nov 60
	22c. PHYSICIAN'S NAME (Type)	HO"ARD BOD "A	SS, Capt., M.C.	USA Hosp	Ft Geo G, Meade	e, ^M d.
_	REMOVAL (Specify	1 constitution	23c. NAME OF CEMETERY	· loterial	23d. LOCATION LCity, town, or	1 tul
24	FUNERAL DIRECTOR	RIS BIGNATURE A FA	ADDRESS one		OH 0 0 100	tran's signature Thuy & Herana

TO HOSP. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 keys ofter death. Page 4 may be recoved by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in any the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, withouts ofter death

VR A1S (4) 15M 9/59

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TO HOSPI

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12173

12199	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town) BROOKLY W	e c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside BALTO.	le corporate limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give ste OR INSTITUTION 4405 Ri	tchie Huy.	d. STREET ADDRESS	Ritchie N	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) First HARR	Middle	Lost 4.	DATE Month OF DEATH	h Day Year - 15- 1966
n' a	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-24-98	The second secon	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote or fo	areign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME John WOOD		14. MOTHER'S MAIDEN NAM	E Idaniel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 215-10-7331	FAMILY	Sa in	155
Conditions, if ony, which gove rise to immediate couse (a), sloting the under-lying couse lost.	ronary ar	tery Les	eose	1 year
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)	
Hour o. m. W	d. INJURY OCCURRED nile Not white work of work	ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	Of. (City or town)	(County) (State
21. I certify that attended the decorative an (1, 3, 1)	10	accurred at JA M,		that I last saw the deceased an the date stated above
PHYSICIAN'S DR. HARRY	DEIBEL	Beth	36	met
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 11-19-60	GLEN NAME OF CEMETERY C	or Crematory 220	LOCATION (City, town, or Co he n Bush	r county) (State) Nel, M.D.
23. FUNERAL DIRECTOR'S SIGNATURE	130 E fort a	24o. REC'D 8)		TRAR'S SIGNATURE

BY ON SUBTREMEDIAL TO BE UST the state of the second of the The reservoir of the state of t The state of the s - The same of the Man ALCOHOLD BY THE RESERVE OF THE PARTY OF THE

	1. PLACE OF DEATH o. COUNTY MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel					
	Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN		_				
	RURAL and give nearest town)	Annapolis					
	Annapolis d. NAME OF HÖSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	Anne Arundel General Hospital	28 Monroe Court YES NO	XI.				
	3. NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print) HBE FRAN.	K ZELKOWITZ DEATH November 3 1960					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI lost birthdoy) Months Doys Hours Min	_				
	Male White WIDOWED DIVORCED	April 18, 1894 66 yrs.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	(Y?				
	Ret. Prop. Retail Grocery						
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Samuel Zelkowitz	Sarah Block					
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give war or dates of service)	17. INFORMANY Address					
		Mrs Goldie Zelkowitz- Wife- Same as # 2					
	1B. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: Clause minimum and edema						
	DUE TO						
	Conditions, if only which) (b) Occute Cerenary accluseur						
	gove rise to immediate couse (a), stating the under-						
	lying couse lost.						
Я	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPORTED?	SY				
	CAI	YES NO					
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture of injury in Port I or Port II of item 18.)					
		e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Statement, street, office bldg., etc.)	ite]				
	Hour c. m. P. m. 19 While Not while at wark of wark	/ starty, moot, orma stage, area					
	21 I certify that (I) (this haspital) attended the deceased for	am 1/3 1960 to 19 that (I) (we) lo	151				
		not death accurred at 2:30M, from the causes and an the date stated above					
	220. SIGNATURE	, 22th DATE					
	Michael W (Jelin	M.D. PHYS. DIRECTOR D PHYS. D 1//3/60	ED				
	TZc. PHYSIQIAN'S	22d. ADDRESS					
	NAME (Type) LICHARD N- I EELER	HUNAPOLIS, MO					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	RY OR CREMATORY 23d. LOCATION (City, lown, or county) (Stole)					
	mm: miles #5 25 s	rael Cemetery Annapolis, Maryland					
-	24 FUNTERAL DIRECTOR'S SHOWATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
1	Hopping Funeral Home Annapalis M	DATE NOV 7 '60 CLIFE - 8 /-					
	nopping runeral home Annapelis, M	aryland DATE NOV 7 60 Ciciling & though	=				

after death. Page 4

may be revained by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in ony event, within 72 has after death.

OR ATTENDING PHYSICIAN: The law requires that the Meath certificate be executed within 24 h TO HOSPIT VR A15 (4) 1SM 9/59

form of the land o T) A Comment frequences of the first ten of the state and E se simal Ethiological Sinks I have a - - - - ALV ret re The year of the second second second second Simple and and another address and Acres Control of the